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THE  
AMERICAN  
HOMŒOPATHIST,

AN EXPONENT OF MEDICAL PROGRESS.

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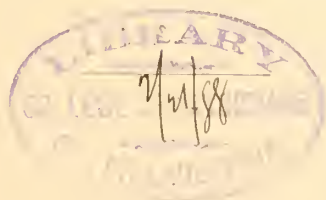
VOLUME XIII.

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EDITOR:

**B. F. UNDERWOOD, M. D.**



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THE  
AMERICAN HOMŒOPATHIST.

VOL. XIII. NEW YORK, JANUARY 1, 1887. No. 1.

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The precarious state of Dr. Winterburn's health requires that he should live out of town, as he has been doing for some time past, and avoid fatigue and excitement. This renders it imperative that he should resign the editorial conduct of this journal, which he does with the regret that we all feel at the enforced close of a pleasant experience. He desires to return thanks to those who have helped him with pen and counsel, and bespeaks for his successor like goodly courtesies. Circumstances not to be controlled have made the journal very different from what he would have desired it to be, but though very unlike his ideal, it has been a source of pleasure to him, and he hopes of profit to the reader. And so, courteous reader, with the best of wishes, he says adieu.

\* \*

Between the desire to be on the side of the Lord, and the wish to have the Lord on our side there is a wide difference. The bearings of this 'ere observation, as Captain Cuttle might say, lie in the application thereof. In the first instance the truth, whether it suits our own particular views or not, is gladly welcomed, in the latter, if the facts do not coincide with our theory so much the worse for the facts.

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As far as Medical Philosophy is concerned, the personal equation, we imagine, of the most of us would give us a bias toward preferring to have the truth on our side rather than toward our being on the side of the truth. But so far as the AMERICAN HOMŒOPATHIST is concerned we shall gladly welcome the truth, from whatever source it may come, only let us be sure that it is the truth; and if the truth shall threaten any of our pet theories, so much the worse for the theory.

\* \*

We enter upon the new year as an exponent of liberal, progressive medicine, according to those who differ from us the same liberty of opinion that we claim for ourselves, and aiding, so far as we may be able, the advancement of medical science. We believe in progression, that the world moves, and that we are wiser to-day than we were yes-

terday ; and we also believe that to deserve success either as homœopathists or as physicians, we must be found in the van of medical progress. The heterodoxy of to-day is the orthodoxy of to-morrow.

\* \*

We desire that the AMERICAN HOMŒOPATHIST shall be a live, readable and practical journal, presenting the latest and best in medical theory and practice. To achieve this end we need and ask the co-operation of all our readers [and we hope that each one will take this paragraph as a personal appeal addressed to himself]. We want the results of your observation and experience for the benefit of your fellow practitioners. Give us an account of your successes, and do not forget your failures, if such things fall to your lot. Sometimes our failures benefit us more than our successes. Give us your views on the current medical topics and questions of the day. No matter if the scalpel is more potent in your hands than the pen, and you can not round a sentence as deftly as you can ligate an artery, let us have your ideas and it will be our part to put them into shape. You can not expect the editor to write the whole of the journal and you would not read it if he did.

\* \*

Our readers will notice with regret in the present number the announcement from the pen of Dr. Winterburn that the pressure of other duties has compelled his retirement from the editorial charge of this journal. We know that the many friends he has made while occupying that position will join with us in wishing him an equal success in his other labors. It also affords us pleasure to announce that he will continue to contribute to the AMERICAN HOMŒOPATHIST, from time to time, from the rich stores of his experience.

\* \*

On taking up the editorial pen laid down by the doctor, custom seem to demand from us an expression of our views concerning things in general and the conduct of a medical journal in particular, as a kind of an introduction to our readers ; and a statement of the wonderful work we expect to accomplish in the future. But bearing in mind the wisdom of the admonition of old, "Let him that putteth the armor on boast not like him that layeth it down," we prefer to let the future conduct of this journal speak for us. Beside this, before we were fairly settled in the editorial chair the devil appeared at our elbow, with the demand for "copy," and the statement that he—that is—that the publisher wanted to bring the journal out on time, and that commencing with the new year he meant that the AMERICAN HOMŒOPATHIST should always appear promptly on the first of the month, and be, as all homœopa-

thists ought to be, always on time and up to date ; so not to discouragè his good intentions we reluctantly pigeon-holed the able editorial we were going to write, and let him send this number, like Richard III., " Out into the breathing world, scarce half made up." Hereafter we shall bid the devil defiance and have his copy always ready for him.

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CASES CURED WITH CAUSTICUM.

FROM THE GERMAN OF DR. H. GOULLON, WEIMAR.

TRANSLATED BY PROF.

A large, elegant handwritten signature in dark ink, reading "N. Sienthal". The script is fluid and cursive, with a long, sweeping underline that extends to the right.

*Populare Zeitschrift*, June, 1886.

1. AN old man of sedentary habits, off and on suffering from catarrh and emphysema, complains now of frequent micturition, especially at night, nearly every quarter of an hour, and though he passes only a few drops, he has to strain a great deal, and the ischuria is extremely painful. No cause for it can be detected. The patient describes the pain as burning and cutting, and though causticum is too often overlooked in diseases of the arœpoetic organs, it seemed to be indicated for this aged man, as enlargement and induration of the prostate are ailments of senility. He took causticum 6th dec., 4 drops in half a glass of water, a teaspoonful three times a day. It cured him in two days, so that his nights are good and his sleep refreshing. It produced also a diarrhœa.

2. A young lady caught cold in bathing, which caused a short cough, but only in day time. The irritation seemed to be seated in the mucous membrane of the throat. The urine looks like whey. After the failure of aconite and belladonna ; she was greatly relieved after a few days by causticum. We should always remember causticum, where in affections of a mucous membrane, especially of the urinary and respiratory organs, the urine appears abnormal. In *crusta lactea* with muddy urine it acts nicely. Although causticum is greatly related to *calcareæ*, only the former has burning pains. The mucous affections yielding to *calcareæ*, are mostly gastric and intestinal, or in the eye or ear. Polyps of the nose were cured by either one, both suit the scrofulous dyscrasia, and here again particularly children with protruding abdomen.

3. "I am happy to inform you that my hoarseness has greatly improved." The woman who sent this letter suffered from chronic hoarseness. Her father was through and through herpetic. Years ago he had been treated for psoriasis. The question was graphites or causticum, but as the former has less of hoarseness and only the sensation of a plug seated in the throat, causticum was prescribed with benefit. The heredity of scrofulosis shows itself in her children, who constantly suffer from scrofulous affections of the eyes and eyelids.

How times change! Goullon prescribes causticum in the sixth potency, although Hahnemann, in his *Chronic Diseases*, advises one, or at most, two globules of the thirtieth potency at a dose, which often acts for upwards of fifty days. Causticum, if indicated, may be advantageously repeated after an intermediate remedy, and of a lower potency. According to Drs. Noack and Tricnks, causticum may be employed in affections of scrofulous and weakly constitutions, and of the female sex. Organisms which have become debilitated in consequence of long grief, are especially suitable for the administration of causticum. Dunham, in his lecture II., 319, gives rather a prominent place to the urinary symptoms of causticum, as constant and ineffectual desire to urinate, frequent evacuation of only a few drops, with spasms of the rectum and constipation; burning in the urethra during micturition, all the sensations worse at night. Nocturnal incontinence, not conscious of it. Hoarseness toward evening, with a sensation as if the prover could not cough low enough to start the mucus, produced by tickling, accompanied by rawness. In the constipation of causticum, says Dr. Bayer in his "*Applied Homœopathy*," the evacuation is very solid, is expelled with great difficulty and straining, and presents a shining appearance, as if greased.

Atony, according to Burt, depressed energy, according to Heinigke, torpid scrofulosis seems to be the keynote to the action of causticum, which is thus easily differentiated from rhus on the one side, and from calcarea and sulphur on the other side. We might, perhaps, call causticum the chronic rhus, just as Testa calls lachesis the chronic belladonna. In comparing causticum with calcarea we see clearly the difference of a potash salt from a lime salt and the symptoms therefore are for those who desire it, physiologically explained. With me calc causticum is a grand remedy, for by its use Dr. Norton has kept that cataract in my left eye at bay and preserved the sight in my right eye, so that I am still able to study up cases and to write a little article once in awhile. Once or twice a



month a dose of causticum two hundredth is all that this homœopathic oculist prescribes for his patient, and the curability of cataract has thus another proof, notwithstanding its denial by the editors of the *New York Medical Times* ! Allopathic dosing will not do it and we close with the remarks, which Goullon appends to his first case of causticum.

What would allopathy do in such a case ? Narcotics are prescribed, especially in the form of hypodermic injections, and what is worse, the catheter is immediately employed and irritates and aggravates only all the symptoms. Salicylic acid may help. Injections of boracic acid and washing out the bladder were used by a renowned professor and failed to give the least relief. Compare such heroic—and failing treatment with the mild but relieving treatment of homœopathic remedies. They have eyes and see not, they have ears and hear not, for they are wedded to their idols and the millennium is not yet at hand. She is now lively, but as her complexion is still abnormal, she receives plumbum, third, 10 drops in a glass of water, 8 teaspoonfuls daily. Dec. 22, complains of nothing and by New Year she could be discharged cured.

*Remarks :* Hale in his third edition, page 933, mentions in chlorosis under *plumbum* want of breath and great oppression of the chest from motion, palpitation of the heart, obstinate constipation, œdema of the feet and anasarca ; great muscular weakness. *Kafka* does not mention plumbum at all, but mentions under ferrum that to be of any service it must be given methodically and in appreciable doses. *Bache* has no personal experience with plumbum in chlorosis, but mentions the indications as given by *Weitler* : great orthopnœa and dyspnœa, extreme constipation, excessive muscular debility, œdema pedum. If we add the numerous heart symptoms, the gastric troubles and the cough symptoms, we get a pretty clear picture of an *intense chronic chlorosis*. *Jousset* in his "Elements de Medicine Pratique" does not mention plumbum among his numerous remedies for chlorosis. *Eaton*, in his "Diseases of Women" does not mention this drug under chlorosis and *Ludlam* in his lectures just mentions it among others, without giving any indications for it. It may be interesting to copy from that veteran *Jahr*, what he says in his forty years practice, page 182 : Small doses of ferrum have not had the least effect in my hands, in this disease nor have I succeeded better with this agent than allopathic physicians, except that if my patients still remained as chlorotic after using my ferrum as their patients did after using pounds of iron, my patients at least remained free from the dyspnœa, the palpitation of the heart, and

the extreme dyspnœa. *If chlorotic patients come to me from the enemy's camp, I generally commence my treatment with pulsatilla, after which I very often give plumbum with the very best results, and then very frequently follow up with sulphur or phosphor.*

*Hughes*, in his "Manual of Therapeutics," slurs at Jahr, probably because that old veteran believed in higher potencies than those which are just now fashionable with our microdosists, but fails to speak of lead in this work or in his excellent "Pharmacodynamics."

We have two grand characteristics for the use of plumbum in chlorosis. *Intense inveterate cases from the abuse of ferrum*, which, according to Bæhr, can only be indicated in pure, uncomplicated cases and in the early stages of the disease. Now let us look at our homœopathic Bible—and we prefer Allen's large encyclopedia, with all its faults, to any condensation. Here we read, in the eighth volume, under plumbum: 156-160, very indolent, disinclined to work, the desire and ability to work very much diminished, indolent, weary, indisposition to labor and conversation; 188, gradually increasing apathy; 284, frontal and parietal headache; 304, throbbing temples; 408, conjunctiva pale and bloodless; 638, sallow and cachectic-looking complexion; 668, face pale, anæmic, of a dirty white complexion; 840, gums pale and spongy; 1,140, complete loss of appetite; 1,198, nausea and vomiting; 1,218, nausea and vomiting, in some cases the stomach rejecting almost every thing; 1,279, she vomited, especially toward morning; 1,350, cardialgia, with colicky pains; 1,942, stool hard, difficult and scanty; 1,960, obstinate constipation; 2,220, voice feeble, very weak; 2,238, short, dry, nervous, fatiguing cough; 2,280, oppressed respiration; 2,291, great shortness of breath on walking, especially on ascending a height, with hoarseness and oppression in the region of the heart, and by pressure with the head; 2,385, the cheorotic murmur can be heard in the vessels of the neck; 2,400, frequent palpitations, with dyspnœa, at times so great that it threatens suffocation; 2,462, pulse feeble and more frequent than usual; 3,492, general feebleness of the muscular system, the muscles throughout the body being soft and wasted; 3,506, anæmia; 3,740, extreme exhaustion and general prostration; 3,959, surface of skin pale, anæmic-looking; 4,047, temperature of the body very low, general coldness in the morning, in the open air, on ascending. May not the low vitality which patients suffering from severe inveterate chlorosis possess be the cause that they only respond to very low potencies, till the burden is removed and the blood becomes healthy and normal again. How it shows us that *circulus vitiosus* which Arndt considers one great cause of neurasthenia, if not

the chief one. Poor, qualitatively poor blood can not nourish the nervous system, and a starving nervous system fails to stimulate the vasomotors; hence languor everywhere, only the poor heart can not stop, or it will stop forever. Let our microdosists, our Simon-pures, learn a lesson from these cases, that there are stages in every disease where only homœopathically material doses are able to rouse the system into a curative action, but when vital power is normal again, ailments will yield with wonderful rapidity to higher potencies, and what sufficed to Bœnninghausen and Dunham, will and ought to suffice to most practitioners of our school. Let us study our *materia medica*—this is the alpha and omega of homœopathy—and apply it strictly, so that we may not feel satisfied with a mere *simile*, but the *similimum* to the case must be our constant aim. Failures then will be the exceptions, and cures the rule. Again we reiterate :

No pent-up theory contracts our powers ;  
The whole boundless scale is ours.

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## GYNÆCOLOGICAL NOTES.

BY

PROF. MARY A. BRINKMAN, M.D., NEW YORK CITY.

THE evils resulting from the use of pessaries were discussed at the March meeting of the St. Louis Obstetrical and Gynæcological Society. This is a hopeful sign that intelligent progress is being made in gynæcological practice by those who have so long advocated the use of pessaries. Current medical literature shows that the tide is beginning to set in the direction of a more sound and reasonable method of treating deviations and dislocations of the uterus that are in a majority of cases constitutional in origin.

Dr. T. L. Papin exhibited a hard-rubber pessary that had been deeply imbedded in the tissues of the cul-de-sac of Douglas. To remove it he was obliged to cut out a segment of the pessary and slip it out as a lady removes an earring from the ear. This instrument had been worn seven years, but Dr. P. had seen a case in his own practice in which a pessary had become thoroughly imbedded in the course of two months, so that an operation was necessary for its removal.

Dr. Boisliniere thought the case related by Dr. P. an admonition to the gynæcologist of the necessity of carefully observing a pessary after its introduction. He deprecates the haste of those who introduce the pessary before the uterus has been replaced. This latter criticism of

the doctor's emphasizes the dangers of applying a pessary to every case of dislocation of the uterus without an intelligent regard to the conditions of the individual case.

Dr. Geo. J. Engleman stated that he thought it time the profession at large should know something of the abuse of the pessary. He thought that it had been used too frequently and indiscriminately. It should be used only in a healthy pelvis to support healthy organs or nearly so, and to strengthen weakened supports.

The class of cases of which Dr. P. spoke is perhaps the most striking, but least frequent and least serious. Cellulitis has been caused or aggravated by the use of the pessary. Dr. E. cited a case, the wife of a physician, who came to the city for treatment. One pessary after another was tried, and the patient was exhorted to bear the pain caused thereby, until she was forced to spend six months on her back. She was now under his treatment for chronic cellulitis. This case is by no means an isolated instance. We readily see what anteversion and ante-flexion pessaries amount to when we remember that Dr. Thomas has invented no less than fourteen, and himself admits that he is not satisfied even with the last.

Dr. W. L. Barrett pointed out that the only benefit derived from the anteversion pessary is by way of lifting the uterus and freeing the ligaments from pressure. He called attention to Dr. Emmet's "health line" in fitting pessaries, when cellular inflammation exists about the uterus. The uterus is elevated until a point is reached at which a sense of relief from the dragging down and pain is obtained ; it indicates the point at which the uterus should be held. Any instrument which holds the uterus too high, puts the tissues on the stretch and does harm.

We note with pleasure this discussion of what seems to be at the first glance the discussion of a worn-out theme. When the pessary is practically abandoned by all gynæcologists, except in isolated cases where its use is the least of evils, women suffering with pelvic diseases will be saved from a "sea of troubles," of which the application of the pessary is in many cases but the initial step.

Richard Thomas, M. D., reports a case of Vicarious Menstruation simulating Pulmonary Phthisis (*Am. Jour. Obstet.*, Feb., 1886.)

Mrs. S. æt. 40. There was extreme debility, and emaciation, pale face, eyes brilliant, flushed cheeks, pulse 95, respiration 20, cough with expectoration of blood. She first menstruated at the age of fifteen ; this function continued normally during twenty years. She had been twice married but never pregnant. During the second marriage the menses gradually grew less and four years previously had ceased entirely.



About this time a troublesome cough began to afflict her, soon accompanied by expectoration of blood, sometimes amounting to hæmorrhage. There was absolutely no sign of pulmonary disease beyond a slight mucous sound in the bronchial region. Hysterical symptoms directed the doctor's attention to the uterus. The organ was enlarged and heavy. The mouth of the womb was perfectly closed ; the usual site of the external os was marked by a small bird-shot-like depression. There was no history of any injury to account for the obliteration of the cervical canal. A solid pointed stick of the nitrate of silver was pressed against the os, the tissues destroyed to the depth of a quarter of an inch ; this operation was repeated every other day until a canal about an inch deep was formed. The tissues were then further divided by a bistoury passed into the cavity of the uterus. Considerable dark blood was evacuated. Sponge tents were used until the canal was pervious. The cough declined and ceased almost entirely with her next menstrual period which occurred six weeks after the operation. In two months she was perfectly restored.

Dr. A. F. Currier of New York read a paper on *Local vs. General Treatment in Gynæcology* at the first annual meeting of the Alumni Association of the Women's Hospital, in which he said : From the errors and extremes of our predecessors we might learn much of value for the future. We were still all too much inclined to ride hobbies, whilst we should rather be studying uterine pathology. The dependence of local symptoms on general systemic causes should never be forgotten. Every organ of the body should in turn be examined before jumping at the conclusion that there exists uterine disease. Over-treatment is the bane of gynæcology. The application of common sense principles to medicine constitutes gynæcology.

A paper by Paul F. Munde on the *Treatment of Pelvic Abscess in Women by Incision and Drainage*, with a report of ten cases (*Am. Jour. Obstet.*, Feb., 1886) is a recapitulation of the general principles on which cases of pelvic abscess in women should be treated, with the record of his individual experience. The conclusions reached from the experience detailed in the paper he states as follows.

1. Pelvic abscess in the female is not very common in proportion to the great frequency of pelvic exudations and probably does not occur in more than ten per cent. of all cases, the majority of exudations terminating in spontaneous absorption.
2. Pelvic abscess may be either extra-peritoneal, the result of cellulitis (by far the most common variety) or intra-peritoneal, the consequence of pelvic peritonitis. If intra-peritoneal, the adhesive inflam-

mation between pelvic viscera and intestines may so seal the abscess cavity as to render it practically extra-peritoneal.

Abscess of the ovary and pyo-salpinx do not belong in the category of "pelvic abscess" proper and do not fall under the same therapeutic rules, unless when by agglutination to the abdominal walls or to Douglas' pouch they become virtually extra-peritoneal.

3. Small deep seated pelvic abscess not exceeding a capacity of two ounces, and minute multiple abscesses in the cellular tissue, can often be permanently cured by evacuating the pus thoroughly with the aspirator. The surrounding exudation is then rapidly absorbed.

4. About one half of the abscesses open spontaneously into the vagina, rectum and bladder or through the abdominal wall and ischiatic fossa. These cases may gradually recover without treatment, or the sinuses may persist until closed by surgical interference.

5. Abscesses containing more than two ounces of pus should be opened by free incision along an exploring needle or grooved director, cleared of debris by fingers or blunt curette, and drained and irrigated if necessary through a drainage tube.

6. This incision should be made at the spot where the pus points most distinctly, which is usually the vaginal vault.

7. In a certain number of cases the pus points through the abdominal wall, generally in the iliac fossa, and the incision should then be ample, and free drainage should be secured.

8. When the pus has burrowed deep into the pelvic cavity and a probe can be passed from the abdominal incision down to the vaginal roof, mere abdomino-cutaneous drainage will not suffice and a counter-opening must be made in the vagina, and a drainage tube carried through from the abdominal wound into the vagina. This tube may have to be worn for months. In making this incision care should be taken not to wound the bladder.

9. The opening of a pelvic abscess which points through the abdominal wall, does not differ from, and is no more dangerous than the same operation elsewhere on the cutaneous surface of the body. It is not an "abdominal section" or a "laparotomy" in the sense that these terms are now used to indicate the surgical opening of the peritoneal cavity.

10. Chronic pelvic abscesses which have burst spontaneously, and have discharged through the vagina, rectum or elsewhere for months or years, are exceedingly difficult to cure. This is particularly the case when the opening is high up in the rectum. A counter-opening in the vagina or enlarging the opening if there situated, the curette, stimulant irrigation, etc., may occasionally succeed, but usually fail.

11. A perityphlitic abscess may point through the abdominal wall, and simulate a pelvic abscess proper. Aspiration will settle the diagnosis ; the treatment is the same. The majority of cases of pelvic abscesses recover ; at least the mortality is small.

Prolapse of the Pelvic Floor without Relative Displacement of the Uterus. In this paper Dr. Herman calls attention to those cases, not rare but not generally recognized, in which without relative alteration in the position of the uterus, there exists yielding of the pelvic floor. The patients complain of a "bearing down pain." The uterus will be found normal in position and in shape. The vagina not unusually relaxed and its orifice not specially large. If now they be told to strain, the perineum bulges down to a greater or lesser degree, and whilst the uterus descends it does so without appreciable alteration in its relative position. In such cases then, the morbid condition does not lie in either uterus or vagina, but in this yielding of the pelvic floor.

After parturition this yielding is most apparent, but it is then normal. If involution go on properly the constituent elements of the pelvis regain their tone and the yielding disappears. The same condition is found in nulliparæ from general relaxation of muscular tone. The condition recognized, the treatment is obvious. No intra-vaginal supporter is called for, but a firm perineal pad. A cardinal point in diagnosis is the fact that the pain the patient complains of will disappear on her lying down.

Persistent Menstruation after Double Ovariectomy (*Am. Jour. Obs.* Dec., 1886.) Dr. Thos. Emmet reported a case of menstruation occurring regularly for four years after he had removed both ovaries and tubes. Dr. Wylie said that out of over a hundred patients upon whom he had performed laparotomy only one had menstruated regularly for four years. In most instances the monthly flow ceased within a year after the operation.

A case was mentioned by Dr. Mundé where the operation was done by Dr. Noeggerath for the relief of dysmenorrhœa. The patient continued to menstruate for a year and a half after her recovery, and the dysmenorrhœa and other abdominal pains persisted. Her abdomen was reopened, the intestines which were found adherent to the cicatrix were lifted out of the pelvis, the stumps of the removed ovaries were cut off and then thoroughly cauterized, yet after this second laparotomy the patient continued to menstruate as before. Four years after she entered the Sinai Hospital, this time with a well marked uterine fibroid which he was sure had not existed at the last operation. Her periods still recurred regularly. Two other cases of persistent menstruation

had come under his observation. In one the ovaries were removed by Prof. Hegar. He found a fibroid which had not been there at the time of operation as ascertained by reference to Hegar's records.

Endometritis Fungosa with Amenorrhœa—a case reported by Dr. Hunter (*Am. Jour. Obs.*, May, 1886). The menstrual flow was each month becoming more scanty. On curetting the uterine cavity a large number of fungoid masses were removed, some of which were of uncommon size. He also mentioned a case in which menorrhagia was a prominent symptom and it seemed as if there must certainly be a fungous endometritis, yet none could be found. The first patient was in fair health, the latter anæmic. Fungosities have been observed in post-mortem specimens of uteri of women who had passed the menopause (Emmet.)

The above is instructive, inasmuch as the the report of such cases shows the necessity of keeping the study of therapeutics as regards gynæcology constantly in the foreground—we have here a wide field for active workers and close observers in this important department of medicine.

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## INTERMITTENT FEVER.

BY

WILLIAM A. ALLEN, M. D., FLUSHING, N. Y.

(Concluded from page 370, December, 1886).

**HELLEBORUS NIGER.**—Chill preceded by heat. Chill with goose flesh, pain in the limbs and stitches in the joints. Thirst wanting. Chill ameliorated out-doors, and in a warm room; aggravated after getting out of bed and by motion. Coldness of the hands and feet with internal heat of the head. Heat with cold hands and feet, without thirst, with headache in the occiput as if bruised. Aversion to uncovering. Heat lessened during sleep. Sweat general. Countenance pale, shrunken, icy coldness, no pulse, no thirst. Sweat increased after getting out of bed. Aversion to uncover. Apyrexia: Want of bodily irritability. Urine often but scanty. Skin and muscles lax. Inclination for open air.

**HEPAR SULPHUR.**—Before chill, urticaria. Bitter taste in the mouth. Chill without thirst. Must get to a warm stove. Great sensitiveness to open air. Shaking with icy coldness of hands, feet and face. Unconsciousness. Febrile shiverings. Urticaria. Irritability. Hoarse, weak voice. Chattering of the teeth. Chill lessened in a warm room. Heat with thirst, headache, delirium. Voice hoarse and weak. Chilly



shiverings. Hydroa like beads around the mouth. Cessation of itching. Red face. Sweaty hands. Vomiting. Sweat with flushes of heat, profuse, sour smelling, offensive. Aggravated by motion. During sweat, slight thirst. *Apirexia*: Great sensitiveness to cold air, must be covered, unhealthy skin. Peculiarities: Must be covered all the time. Can not endure cold air. Suppuration. Fever blisters around the mouth. Light hair. Sensitive disposition. Over-sensitive to pain.

*HYOSCINUS*.—Chill every other day or every third day, without thirst, extending from the feet upward. Redness of the face. Chill alternating with heat. Can not bear to be talked to or hear the least noise. Cold extremities. Small pulse. Heat with thirst. Burning heat with skin hot and dry. Distended veins. Sleeplessness. Epileptiform convulsions. Congestion of blood to the head, flashes before the eyes. Lips sticky. Sweat profuse, sour, cold. Sweat with fainting and dullness of sense. Aggravated during sleep. Peculiarities: *Hysterical* subjects. Spasms. Spasmodic dry cough, worse when lying down, relieved by sitting up. *Subsultus tendinum*. Worse in the evening. *Immodest*; will not be covered.

*IGNATIA*.—Irregularity of hour. Frequent change of type. Paroxysm is apt to postpone. Before chill, yawning and stretching, sometimes shuddering. Chill with great thirst for large quantities of water. Chills begin in upper arms. Shaking chill with redness of the face. Chill relieved at once in a warm room or by a warm stove. Chill proceeding from the abdomen. Chill may be preceded by heat. Heat of the hands with shuddering. Chill of single parts. Chill lessened after meals, after getting out of bed, increased out-doors. Internal chill with external heat predominates. Heat without thirst. External heat and redness without internal heat. Can not bear external warmth, must be uncovered. One side of the face red and burning. Headache, vertigo, delirium. *Urticaria* with violent itching which is relieved by scratching. Sudden flushes of heat. Pain in the pit of the stomach. Internal shuddering, sleep. Sweat without thirst, warm, light, general. Fainting. Stinging and roaring in the ears. Sweat lessened by exertion. Inclination to uncover. Sweat often confined to upper part of the body. *Apirexia*: Complete. Eruption on the lips and in the corners of the mouth. Languor. Colic with hard stools. Peculiarities: Suppressed grief. Alternate laughing and crying. People of a highly nervous organization. Pains relieved by a change of position. *Catamenia* scanty. Sleeplessness before midnight. Pains felt only when touching the part.

**IPECACUANHA.**—Time 9 or 11 A. M., 4 P. M. Irregular. Before chill, yawning, a collection of saliva in the mouth, headache, nausea, chill without thirst. One cheek red, the other pale. Chill usually short and not severe. Nausea, backache, chill aggravated in a warm place. Lassitude during the chill. Much chilliness with little heat, or much heat with little chilliness. Chill lessened in the open air and by drinking. Heat with thirst, long lasting, alternating with coldness and paleness of the face. Oppressed breathing; dry, hacking cough often exciting nausea. Vomiting and involuntary escape of urine. Stitches in the chest. Heat with sweat. Dilated pupils. Heat increased indoors. Sweat profuse or slight, sour. Turbid urine, nausea, cough. Tongue clean, pale, or white. Apyrexia: not clear. Gastric symptoms. Every thing tastes bitter. Loss of appetite, nausea, vomiting. Peculiarities: Constant and continued nausea. Great weakness. Hæmorrhages. Often indicated if the paroxysm has been suppressed by quinine or when there is a relapse from impropriety in diet.

**KALI CARB.**—Chill with thirst. Chilliness alternating with heat. Chilliness with hot hands, pains and aversion to food. Chilliness with violent thirst accompanied by internal heat. Chill increased out-doors, after eating, on every motion; by external warmth and after lying down. Heat without thirst, with stitching pains in head and chest. Heat with chilliness. Internal heat, external chilliness. Nausea, vomiting, shortness of breath. Hot face, cold feet, burning sensation of the eyes. Heat may be one-sided, right side. Sweat profuse and warm with heat. Sweat on upper parts of the body. Aggravation after exertion and on every mental exertion. Tongue white. Apyrexia: Constricted feeling about the chest, right hypochondrium painful and tender to touch. Flatulency. Peculiarities: Upper eyelids swollen. Wakes about four A. M. with cough and stitching pains in the chest. Dropsical affections, and paralysis of old people. Aversion to being alone. Worse in cold air, or from being cold. Flatulence. Hair dry, rapidly falling off.

**LACINESIS.**—Before chill, thirst, then shuddering. Chill commencing in the small of the back. Desire for external warmth, must be held firmly or pressed down upon. Nausea and vomiting. Dry, icy cold feet, with oppression by the chest. Pain in the limbs. Skin shriveled. Chattering of the teeth. Convulsions. Amelioration from external warmth. Internal chill with external heat. Heat with oppression of the chest, deep breathing and sleep. Loquacity. Desire to uncover. Heat alternating with coldness. Shivering when lifting the bed clothes. Loss of appetite, headache. Red spots on the cheeks. Sweat profuse,

stains yellow or bloody, strong smelling. Peculiarities: Paroxysms returning each spring or summer. Symptoms worse after sleep. Loquacity. Suspicious of friends. Hammering in the rectum. Can not bear pressure about the throat. Left side most affected.

**LYCOPodium.**—Chill, tertian, 6 or 7 P. M., without thirst. Chilliness with nausea, vomiting, cold hands and feet. Chill with deep sleep. Begins in the back. Pain in the limbs, gooseflesh. Left sided chill. Sour vomiting between chill and heat. Shivering after drinking. Alternating chill and heat with red cheeks. Coryza. Sensation as if the circulation stood still. Hands and feet numb. Feels as if lying on ice. Heat, with thirst in the evening. Burning heat with red face and desire to sleep. Nausea after cold drinks. Sour vomiting. Sweat profuse and sour smelling; may follow the chill without intervening heat. Thirst after the sweat. Apyrexia: Fullness of the stomach and abdomen. Flatulency. Sandy sediment in the urine. Peculiarities: Aggravation of symptoms from 4 to 8 P. M. A little food fills the stomach full. Distended abdomen. Sour vomiting. Fan-like motion of the alæ nasi.

**MENYANTHES.**—Chill predominates. Quartan type. Icy coldness of the hands, lower limbs and feet, the remainder of the body being warm. Coldness in the abdomen. Veins of the hands and lower arms distended. Horripilation. Coldness in the region of the dorsal spine, with shaking. Shiverings with yawnings. Chill may be ameliorated by external warmth. Heat with cold feet. Heat in the face, followed by chilliness. May be in flushes. Heat intermingled with chillness. Apyrexia: Desire for meat, hunger.

**NATRUM MURIATICUM.**—Time, between 10 and 11 A. M. Chill, begins at the extremities. Before chill, headache, bone pains, languor, stretching, vomiting. Chill with thirst and with violent frontal headache. Blue lips and nails. Shaking with chattering of the teeth. Drinks much at a time. Sleepiness. Dyspnœa. Teeth chatter. Languor, must be covered, delirium. Face pale, gooseflesh, yawning, cold hands and feet. Heat with great thirst, and desire for large quantities of water. The water tastes good and refreshes. The pain in the forehead continues and is severe. Sleep, much weakness. Unconsciousness. Hammering headache, must be uncovered, no chilliness after uncovering or drinking. Afternoon fever with pains in the bones delirium, red face, nausea and vomiting. Sweat, with thirst, profuse, sour smelling. The pains are gradually relieved. Apyrexia: Sallow complexion, emaciation, debility, sensation of fullness of the stomach, sandy sediment in the urine, stitches in the hypochondria, loss of

appetite, constipation, sweats easily. Peculiarities : Hydroa like beads on the lips. Emaciation, especially about the neck, mapped tongue. Especially suitable in cases arising from exposure in a low marshy region. The remedy is of no value in the treatment of intermittents if given in too low a potency.

**NUX VOMICA.**—Time, night or early morning, may be 11 A. M. or 5 P. M., apt to anticipate. Chill may be preceded by fever, or by sweat. Before chill, pain in the limbs, stretchings, yawning. Chill begins in the extremities. Chill with and without thirst. Shaking chill with blue hands and nails, mottled skin, bluish cold face, bone pains, painfulness of the skin, pain in the sacrum, numbness of the limbs, vertigo. Headache with stitches in the temples. Chill aggravated by the slightest motion even in bed, or upon putting the hands outside the bed clothes, and after drinking, particularly after cold drinks. Patient must be covered. Heat with thirst, but drinking causes chilliness. Face flushed, general burning heat. Heat with intense pain in the temples and delirium. Pain in abdomen, sacrum and chest. Vertigo. Cold feet, nausea and vomiting. Desire to uncover, but it causes shivering. Chilliness after drinking and upon motion. Sweat, without thirst. Stage usually light, especially after light chill. Chilliness from motion or exposure to the air. Sweet ameliorated by sleep. Tongue heavily coated, brownish yellow. Apyrexia: Bilious symptoms, constipation or alternating diarrhoea and constipation, soreness in the region of the liver and spleen. Hydroa like beads on the lips and at the corners of the mouth. Loss of appetite, over-sensitiveness. Jaundice, cough, urine seldom and scanty, sediment red. Pulse free and hard, irritability, sleeplessness after midnight predominates. Hæmorrhages, blood dark. Peculiarities : Heat, with red face and aversion to uncover. Bad effects from sedentary habits, tobacco, spirituous liquors, coffee. Strong pressure relieves. Thin, slender persons. Congestive chill.

**OPIMUM.**—Time, 11 A. M., sometimes after midnight, chill with shaking. Coldness of the back, hands, feet, abdomen and limbs. Pain in the limbs, hot head and deep sleep with sweat about the head. Shuddering. Moderate warmth may alternate with the coldness. Heat with thirst. Burning heat even when sweating. Red face. Soporose snoring sleep. Twitching of the limbs, desire to uncover. Restlessness, confusion of ideas, delirium after sleep, heavy breathing. Full, slow pulse. Sweat general, with some thirst, deep sleep with stertorous breathing and open mouth, desire to be uncovered worse during sweat. Tongue quivering. Pyalism. Ulcers in the mouth. Apyrexia: Cerebral congestion. Peculiarities : Often indicated in congestive chills. Suita-

ble to children and old people. After a fright, slow full pulse. Sleepy but cannot sleep.

**PODOPHYLLUM PELT.**—Time, 7 A. M. or evening. Before chill, back-ache. Chill with aching in the knees, ankles, elbows and wrists. Pain in the region of the liver and spleen. Chilliness with hot flushes. Loquacity. Semi-sleep. Chilliness along the dorsal spine, aggravated by motion or uncovering. Relieved by covering up closely. Heat begins during the chilliness. Heat with thirst. Heat with chilliness when moving and with sweating. Loquacity. Forgetfulness of all he has said. Delirium. Sleep. Sweat profuse. Sleep. Tongue, moist yellow coating. Shows imprint of the teeth. Offensive breath. Apyrexia: Loss of appetite, foul taste. Peculiarities: Symptoms worse in the morning. Painless cholera morbus. Stools are profuse and gushing, each seeming to drain the patient dry, but soon he is full again. Prolapsus ani. Rolling of the head during dentition. Cramps of the feet, calves and thighs.

**PULSATILLA.**—Time, afternoon at 4 o'clock, most usual. Paroxysm may be irregular: chill, heat, chill and after sometime, sweat. Stages may run into each other. Irregularities in diet may cause the attack. Before chill, mucous vomiting, thirst, sleep, diarrhoea (especially at night). Chill. Cold chills all over, chilliness up and down the back in the region of the spine. No thirst. Flushing chilliness with shaking. One sided coldness. Shivering extending to the arms and thighs. Numbness of the limbs. Cold hands and feet. One sided chilliness. Mucous vomiting. Chill ameliorated in the open air. Internal chilliness. Chill and heat simultaneous. Trembling. Violent chilliness in the evening. Stages may run into each other. Teeth chatter. Chill begins back and shoulders. Lips and nails blue. Frontal headache. Heat with thirst, red face, or one cheek red and the other pale. Heat may be one sided or on the upper part of the body. Burning heat with uneasiness. Distended veins. Desire to be uncovered. Can not bear external warmth. Heat followed by chill. Heat with dull frontal headache. Sucks the lips but does not drink. Heat, right side predom. Lessened by washing and by motion, also out-doors. Sensation of heat without externally perceptible heat or external heat without a sensation of warmth on the part of the patient. Sweat one sided. Slumber. Loquacity. Sweat may come on some hours after the fever has gone. Face, arms and chest and not on the limbs. No thirst. Sweating profuse and in drops. Tongue dry. No chilliness after drinking, moving or uncovering. Lessened when walking out doors. Tongue white or yellow, covered with mucus. Aversion to fat pork. Apyrexia: Spleen

enlarged and sensitive. Chilliness. Sour eructations, mucous diarrhoea, gastric symptoms. Peculiarities: Irresistible desire for fresh air. Worse from warmth. Paroxysms of women of a mild, tearful disposition. Paroxysms with changing symptoms. Pale face, disposition to blenorrhœa. Attacks come from improprieties in diet. Aversion to sun-light.

**RHUS TOXICODENDRON.**—Time, evening; fever without chill at 10 A. M. Cause: getting wet, or exposure to damp air. Before chill, a dry cough, aching of the limbs, yawning. Chill with and without thirst. Stretching and pain of the limbs, shivering, hands and feet cold, face red, breath hot. Shivering and perspiration at the same time. One sided coldness. Face hot though the cheeks were cold to the touch. Feels as though dashed with cold water. Cough. Restlessness. Chilliness of the upper part of the body. Chill aggravated by motion, eating and drinking. Chilliness of some parts while others are hot. Redness of the face. Sensitive to cold air. Paroxysms of pain, headache, vertigo, inclination to vomit. Aching of the teeth, stitches in the chest. Heat with and without thirst, excessive cutting pain in the abdomen and diarrhoea. No cough, but urticaria, with much itching which is increased by rubbing. Great heat and thirst, drinks little and often. Sensation as if hot water were running through the blood vessels. Chilliness of some parts, heat or sweat of others. Drowsy, tired, very restless. Twitchings, hardness of hearing, gastric derangement, inclination to stretch the limbs. Aversion to uncover. Heat increased in-doors and when sitting. Sweat profuse and not exhausting. Urticaria. Sleep. Sweat may be only on the front of the body. Tongue with a red, dry, triangular tip. Hydroa, especially on the upper lip. Apyrexia: Urticaria. Restlessness. Pains. Pulse weak and soft. Mood dejected. Diarrhoea predom. Urine, often and copious. Hæmorrhages, blood bright. Sensation of numbness. Peculiarities: Tongue dry and rough, with red edges and red triangular lip. Pain worse during rest or on first moving the parts. Aggravated in wet, damp weather. Hydroa.

**SABADILLA.**—Time, 5 P.M., 9 P.M., returning at the same hour on each or alternate days.

Chill with thirst, heat may alternate with the chilliness. Shuddering from below upwards. Dry cough with pain in the ribs, limbs and bones. Chill predominates. Chill relieved by heat of the stove, after eating. Often thirst between chill and heat. Heat mostly on head and face. Flushes of heat alternating with shiverings, sometimes sweat during the heat. Delirium, yawning and stretching. Sweat about head and face.



Body cold. Sleep. Apyrexia : Constant chillness. Debility, sour eructations, bloated abdomen. Peculiarities : Urine turbid and thick. Pain in the joints, weariness of the limbs.

**SAMBUCUS.**—Time, afternoon. Before chill, deep dry cough, nausea, thirst. Sweat, chill with icy coldness of the hands and feet. Spasmodic, deep dry cough. Creeping chill and sweat in alternation. Heat without thirst. Warmth of body and cold feet. Dry heat while sleeping, profuse sweating when awake. Sweat, profuse when awake, dry heat when asleep, not debilitating, may be partial. Must be covered. Predom. during motion, when lying, with and after the stool. Face, bluish red, no thirst, hands blue and cold, cough. Peculiarities: During sleep, dry heat, during the time he is awake, profuse sweat.

**SEPIA.**—Cause, uterine disease, or menstrual irregularities. Chill with thirst. Icy coldness. Shaking chill with icy cold feet and with headache. Deadness of the limbs and fingers. Feels as though standing in cold water. Chill aggravated by motion and in the open air. Chill may be preceded by heat, feverish shiverings. Heat ascends, vertigo, sweat. Heat aggravated by exercise. Inability to collect one's senses. Pressing in the temples. Painful deglutition. Sweat profuse. Aggravated by exertion. Peculiarities : Gone feeling in the region of the stomach not relieved by eating. Urine offensive, turbid, with reddish or clay colored sediment, adhering to the vessel. Suitable in mild dispositions and females. Sinking faintness. Menstrual irregularities.

**SULPHUR.**—Time, evening predominant. Before chill, thirst. Chill without thirst. Internal chilliness. Transient coldness of the hands, nose, feet, chest, arms and abdomen. Chilliness in the back. Icy coldness of the genitals. Blue nails and shivering, shaking. Headache and delirium. Diarrhœa. Chill lessened in a warm room. Ascending chilliness. Chilliness aggravated after getting out of bed and after drinking. Heat with thirst. This stage may be absent. Flushes of heat with shiverings. Burning of the palms of the hands and the soles of the feet. Hot and red face. Palpitations of the heart. Sweat about the head. Red spots on the cheeks. Desire to uncover. Fainting. Sweat, profuse. Restless sleep. Sweat after waking. This stage may be wanting. May be only on the back of the body. Desire to uncover. Sweat aggravated when walking in open air, or motion. Sour sweat. Apyrexia: Prostration. Early morning diarrhœa. Peculiarities: Worse, early in bed. Hungry at ten or eleven A.M. Aversion to washing in cold water. Offensive odor of the body despite frequent washing. Sleeping with eyes half open. Diarrhœa, driving one out of bed in the morning without pain. Lean or scrofulous people. Dry scaly skin.



VERATRUM ALBUM.—Time 6 A.M. Chill with thirst. Severe, long-lasting. Intense coldness. Internal chilliness running down. Heat and chill alternating on single parts. Face collapsed, extremities cold. Cold and clammy skin. Congestive chill. Constant chills over the back and arms. Vertigo, nausea, pains in the back, dark urine. Chill aggravated by drinking, lessened by getting out of bed. Heat with thirst. Heat ascends. Red and hot face, contracted pupils, cold feet. Head hot and confused. Slumber, delirium, inclination to uncover. Drinking beer lessens the fever. Sweat without thirst, profuse, clammy. Pale face. Prostration. Sweat is offensive and causes yellow stains. Cold sweat on the forehead. Sweat after each stool and after vomiting. Desire to uncover. Aggravated on motion. Tongue cold with red swollen tip. Pulse, slow and weak. Apyrexia: Exhaustion and sinking of the strength, face pale and cold. Diarrhœa, colic, nausea, cramps, contracted pupils. Peculiarities: Cold sweat on forehead. Suitable in intermittents occurring during epidemics of cholera. Tonic spasms. Sudden prostration.

#### TREATMENT OF DUMB AGUE AND OF SUPPRESSED CASES.

In the former the symptoms are often so marked as to give rise to no difficulty in selecting the remedy. Some patients, however, only complain of a general feeling of lassitude, but careful questioning will clearly define the case. The totality of the symptoms is to be considered.

In prescribing for people who have been given quinine or other drugs in large and repeated doses, and whose paroxysms have possibly been suppressed thereby, but who, as is often the case, still complain of being ill and of latent malarious symptoms, it is a very good plan to ask them for the history of their paroxysms before taking the suppressant. Such a course will very frequently give more light and will enable us, when there is any doubt as to which of two remedies is the proper one, to decide with certainty.

#### TREATMENT OF CONCOMITANT DISEASES AND SEQUELÆ.

The diseases of which intermittent fever may be a complication and those which may follow intermittents, have already been referred to. As to treatment, reference is to be made to them under their proper headings.

DIET.—During the paroxysm but little food is usually desired. The thirst is sometimes excessive, and when such is the case as much water should be given, at the ordinary hydrant temperature, as is demanded. Should it produce nausea, however, the quantity may be restricted or

cracked ice may be administered rather than the water. Should the paroxysm be of long continuance, small quantities of easily assimilated food may be given at frequent intervals or should this as well as the water produce nausea or vomiting, beef juice, either that which is pressed from the under-done steak, that which is properly prepared in a closed jar, or that of Valentine of Baltimore, will be found refreshing and nourishing. During the apyrexia the amount and quality of the food depends very much upon the peculiarities of the case. Some patients can eat as usual, while others either have no appetite and may loath food, or have nausea, flatulency and vomiting as a result of eating. Only a general rule can be suggested, and that is, that the patient be *nourished*, and that in choosing articles of diet—such as are conducive to gastric disturbances be avoided. It may be necessary to give food frequently and in small quantities. In some cases, especially where there is inactivity of the liver, milk, eggs, broth and other articles rich in fat must be prohibited.

## OVARIAN CYSTS.

BY

THE MEDICAL SCIENCE CLUB OF CHICAGO, ILLINOIS.

Pathology, C. G. FULLER, M.D.

Chemical Constituents, CLIFFORD MITCHELL, M.D.

Microscopical, F. R. DAV, M.D.

Etiology.. { Anatomy of the Ovary, CURTIS M. BREER, M.D.; Physiology, S. C. SCHNEIDER, M.D.

{ Histology, F. R. DAV, M.D.; Etiology (proper) F. A. CHURCHILL, M.D.

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(Concluded from page 363).

**C**LINICAL HISTORY :—Of all forms of ovarian tumors the cysts or cystomata are by far the most common and also are the most frequent affection of the organ. No time of life is exempt from these tumors. They are found in infancy and in extreme old age. It is however somewhat unusual to find them before twenty and after fifty years of age. They occur most commonly during the period of greatest ovarian activity. When found in advanced life it is probable that the tumor has existed for a long time, that its development began early in life, the tumor having reached a point in its growth where it remained quiescent until in later years it received a new impetus. In one thousand cases coming under the observation of Spencer Wells the average age was thirty-nine.

One or both ovaries may be affected, though it has been maintained by good authorities that ovarian tumors occur most frequently on the

right side ; there is not sufficient proof, however, to establish this statement as a fact. According to Thomas it is probable that those influences which keep up and intensify ovarian congestion, and interfere with the rupture of the follicles of De Graaf, tend to produce cystic and follicular degeneration. The prognosis of ovarian cysts, when no surgical interference is had, is always grave : though they may remain passive for years, the tendency is to go on increasing in size until the distention produced becomes too great to be endured and the patient succumbs. The rate of growth and duration depend on the kind of tumor and on various other circumstances, among the most important of which is the age of the patient. The average time of growth is generally conceded to be about three years.

Ovarian cysts are usually divided into three classes. The first class comprises the cysts with one or very few compartments. These are variously styled monocysts, unilocular, paucilocular or oligocystic. The second class are those containing many small compartments, divided by thin cyst walls or thick trabeculæ. These are known as multilocular or polycystic tumors. The third class includes those cysts which are composed of solid and fluid elements in varying proportions and are commonly known as compound ovarian tumors. The true monocystic tumor is exceedingly rare, probably never attains a large size and is slow in growth. Rindfleisch declares that all cysts are at first multilocular, becoming paucilocular or unilocular by the breaking down and fusion of adjacent cysts.

The multilocular tumor usually increases in size rapidly and often attains enormous dimensions, being only limited by the containing capacity of the abdomen. The third class, or compound cysts, are more common than simple cysts. As to the history in general of ovarian cysts, the physician is rarely consulted during the early development of an ovarian tumor, nor is the patient often seen until the tumor can be felt above the brim of the pelvis. When consulted early in the case while the tumor is lateral to the uterus it must be differentiated from pelvic cellulitis, pelvic peritonitis, parovarian cysts, hydrosalpinx, pyosalpinx, fallopian tube gestation, fibroid and fibro-cystic tumors of the uterus, blood effusion, solid ovarian tumors. From the first two it can be differentiated by the history. Parovarian cysts are not so common, have very distinct fluctuation and when tapped do not recur. Hydrosalpinx and pyosalpinx are high in the pelvis, tortuous and elongated from side to side. Extra-uterine pregnancy is rare ; the history, physical diagnosis and certain symptoms, such as retention of urine, suppression of menses, will serve to distinguish this condition from ovarian cysts,

not to mention examination of fluid drawn off, and foetal heart sounds. Fibro-cystic tumors and hematocele are both difficult to diagnose ; Dr. C. C. Lee collected nineteen cases with a view to analyze and determine the difference between them and ovarian cysts, and only in one case was a correct diagnosis arrived at. Solid tumors are rare and when malignant, as they often are, are nodulated and usually accompanied by more or less ascitic fluid which will show the various cells under the microscope. The patient is seldom aware of the existence of a tumor until it has risen above the brim of the pelvis and is occupying a central position in the abdomen. For this reason the patient will often describe its appearance as having first been noticed in the central lower portion of the abdomen ; or will insist that the enlargement of the abdomen has been uniform, having overlooked the early period of the tumor, dating its origin from the time when attention was first called to it. The enlargement is so gradual in most cases that the patient may not notice it until her attention is called to it by friends.

Before the tumor has reached a large size there are but few constitutional symptoms recognizable ; the functions of life are well performed, the health of the patient is but slightly impaired, if at all. This very freedom from constitutional symptoms is a diagnostic sign of great value and an argument in favor of a cystic growth as distinguished from a solid and malignant tumor, in which latter case rapid decline, great emaciation, lancinating pain, etc., would be noticed. As the tumor increases in size and rises above the brim of the pelvis it takes a more central position ; continuing to enlarge it encroaches upon the abdominal cavity, the abdominal walls become distended, the intestines are pressed backward and the diaphragm upward. As a result, the viscera of both abdominal and thoracic cavities are interfered with, and the pressure of the enlarging tumor upon the aorta and vena cava seriously impedes the circulation. Owing to this pressure and to the impediment offered to the free circulation of the blood, the viscera undergo a shrinking or atrophy. Respiration, circulation and nutrition being imperfect, the strength necessarily fails, and exhaustion becomes greater and greater. In cases of long standing a certain amount of compensation is effected by dilatation of the superficial veins of the abdomen. The pressure and dragging sensation about the pelvis cause irritability of the bladder and pain in the back. The growth continuing the face of the patient begins to look haggard, the eyes are sunken, the cheek bones prominent, the forehead furrowed, the nostrils open and sharply defined, the lips compressed, the angles of the mouth depressed. This

peculiar pinched expression is said to be characteristic, and is termed the *facies uterina* or *ovariana*.

The pressure on the intestines causes *fæcal* impaction. The uterus is displaced, thrust downward or to one side, anteverted or retroverted, its form distorted and its functions rendered difficult of accomplishment, and painful but not impossible, as pregnancy may occur even when very large tumors are present. The pressure on the bladder renders micturition troublesome or even impossible. The kidneys may be flattened and almost obliterated. As the growth continues upward the ribs are thrown outward, and the vital organs in the chest suffer more and more. *Œdema*, *ascites*, and *pleural effusion*, especially of the right side, cause great misery. These symptoms grow worse as the tumor enlarges, and are accompanied by a train of others not necessary to mention. If the patient at this stage is not relieved by surgical interference, relief may come from spontaneous rupture, the contents may be discharged into the peritoneal cavity, and absorption occur; death from *peritonitis*, however, is more likely to take place. Cysts have been known to discharge into the uterus by means of the Fallopian tubes, or into the bladder, or rectum, recovery taking place on account of the sac not refilling. *Calcareous* degeneration may take place and prevent further growth. In some cases absorption is supposed to have taken place, but it is more probable that in these instances the tumors were not true *cystomata*, but *peri-uterine* cysts closely resembling them. The sac may take on various diseased conditions: *Suppurative inflammation* of the cyst wall, *twisting of the pedicle*—*hæmorrhage* into the cyst may also take place. The conditions which are likely to complicate ovarian cysts are: *Pregnancy*, *ascites*, *fæcal impaction*, *Bright's disease*, *pleuritic effusion*, *peritonitis* with adhesions, *gastritis*, *septicæmia*, *diarrhœa*, *inguinal umbilical* and *crural herniæ*.

The modes by which death may be caused are, according to Thomas, as follows: Owing to rupture of the cyst *peritonitis* may result; inflammation of the cyst wall may result in filling the cyst with pus, producing *hectic*, and in time exhaustion and death; hæmorrhage into the cyst may be fatal; prolonged interference with the functions of respiration and nutrition may bring about a fatal result; *septicæmia* may occur from the twisting or rupture of the pedicle, causing the death of the cyst; a low grade of *gastritis*, *enteritis* or *pleuritis* may produce death from exhaustion; from the combined depreciating influences of this condition, gradual or sudden prostration of strength may cause death.

DIAGNOSIS.—When a patient comes to us with an enlarged abdomen the first thing to do is to find out whether the enlargement is due to the presence of a tumor or to gaseous distention ; second, to ascertain whether, if a tumor, it be cystic or solid ; third, whether, if cystic, there be one or more cysts ; fourth, from what organ the cyst arises ; fifth, what does it contain ; sixth, whether it is innocent or malignant ; seventh, whether primary or secondary ; eighth, whether it has any adhesions.

When the attachments are few or the organ from which the tumor arises is movable, it floats to the anterior inferior part of the abdomen and is most conspicuous just over the os pubis. In simple primary cysts the contour is smooth and regular, and when the patient stands up the appearance is not unlike fluid floating free in the abdomen. Except in cysts resulting from degeneration of solid tumors or where the fluid contents are undergoing purulent changes, there is little constitutional disturbance, considering the size of the growth. Frequently the growth is so slow and painless that the patient at first believes herself to be growing corpulent, and if a physician be called in at all it is not for the treatment of a tumor but for a prescription to reduce the fat. By *gentle manipulation* of the abdomen the tumor is found to give a certain amount of resistance to the hand, and by taking cognizance of this point, both the origin and size of the growth can frequently be fairly well determined. If the tumor lies low in the abdomen or pelvic cavity, by *distending the sphincter ani and passing the hand into the rectum* the relations of the growth to the ovaries, broad ligament and uterus can be made out with a degree of certainty not otherwise possible. By *alternately light and heavy percussion* structures containing gas, and also adipose tissue, can be eliminated. If *flatness on percussion* be persistent over a region not normally occupied by solid organs, there is strong evidence that some abnormal substance is present. If *change in the position* of the patient does not alter the area of flatness the probabilities are that the substance is a solid tumor or else a fluid enclosed in a sac and not fluid floating free in the abdominal cavity. Cystic tumors generally give evidence of *fluctuation* on palpation. This is one of the most desirable indications and is almost always present in monocystic growths of considerable size. In polycystic tumors where none of the cysts contain over a few ounces of fluid, in monocysts where the sac is thick and tense, in cases where the abdominal wall is lined with a thick layer of adipose tissue, and in all cysts whose contents are semi-solid in consistency, fluctuation may be partially or entirely masked. In such cases the aspirator may be used and some



of the cyst contents be drawn off; the hypodermic syringe or the trocar may also be used, precaution being taken to have them well cleaned and tested beforehand. Important arteries and nerves should not be wounded, but the point where fluctuation is most suspected should be selected, be it the abdominal wall, vagina, or rectum. The aim should be to carry the point of the instrument to the centre of the growth, and if the first attempt be a failure another trial should be made, and then another at proper intervals until satisfactory evidence is obtained that no fluid is present. If, on the other hand, fluid be obtained it should be carefully saved and subjected as soon as possible to microscopical examination and to chemical analysis, if enough in quantity. The injury attendant upon the use of the aspirating-needle is trifling if the instrument be used properly. For purposes of diagnosis only about an ounce of the fluid should be drawn off and the patient should afterwards be put to bed and kept there until all liability to inflammation is avoided. Exploratory incision is never admissible where the presence of a cyst is suspected; if it be imperative, full preparations should be made for the complete removal of the tumor, since the escape of fluid into the abdomen, following an incision, may cause fatal peritonitis or septicæmia.

Cysts of the liver, hydronephrosis, cysts of the ovaries bound down by inflammatory bands, usually destroy the symmetry of the abdomen and the amount of distortion can easily be determined by measurements. It is often of great importance to be aware of the rate of increase in size of the abdomen, and measurements should repeatedly be made and a record of them kept; thus, in abdominal pregnancy, hydronephrosis, and in encysted dropsy of the peritoneum the increase in size of the abdomen is rapid, while in cysts of the ovaries, broad ligaments and uterus the increase is much slower. Cysts usually cause the abdominal wall to protrude with an apex like that of a cone, and measurement from different points on the fixed bony structure of this apex will determine the floating distance of the cyst. The microscope is one of the most valuable aids to diagnosis: in hydatids it reveals the hooklets, in hydronephrosis, the urinary crystals: in degenerated cancer and in cyst walls of cancerous formation, the cancer cells; in cysto-sarcoma, the spindle-shaped cells; in encysted dropsy, the endothelial cells and lymph corpuscles; in abdominal pregnancy, the fat corpuscles, detached villi, and cholesterin; in dermoid cysts, the fragments of tissue not native to the parts, in hemothecæ, the blood corpuscles; in ovarian cysts, the pigments, indican, cholesterin, and the different epithelial cells.



Summary : The most favorable period for the development of ovarian cysts is between the years of thirty-five and forty. There is little or no pain in the first stages, unless inflammation be present. The health of the patient is good, menstruation is regular until the last stage. The uterus is of normal depth. The tumor arises in the right or left inguinal region ; increasing in size it floats to the anterior part of the abdomen and rises toward the xiphoid cartilage. Inflammations may occur at any period. The growth of the tumor is slow, extending over from eighteen to thirty-five months ; it may remain passive for years. The face and chest are emaciated, while the lower extremities are œdematous. When the tumor rises above the os pubis it causes the abdominal wall to protrude with an apex like that of a cone. In the last stages it rises as high as the xiphoid cartilage. The shape of the abdomen changes but little as the tumor assumes different positions. Enlargement of abdominal veins is noticed. There is dullness over the apex of the tumor, but tympanitis on either side and above, not changed as the patient assumes different positions. Fluctuation is distinct in monocysts, indistinct or absent in polycysts. If the patient be put in the genu-pectoral position by passing two fingers into the vagina and pressing upward the tumor can be raised out of the pelvic cavity, if no adhesions exist. Aspirated fluid is generally clear and straw-colored. It may be dark and colloid. In all stages of the tumor the greatest curve in the abdomen is over the apex of the growth. The greatest increase in measurement is from the os pubis to the xiphoid cartilage. The morphological elements found in the fluid are red blood corpuscles, epithelial cells, granules, lymph corpuscles, indican, pigments, Drysdale's corpuscles, Bennett's corpuscles, and ciliated columnar epithelium. The last three are regarded as of diagnostic significance. From a chemical standpoint we find the fluid alkaline in reaction : it resists putrefaction, contains a large amount of albumen, some metalbumin and paralbumin, and does not coagulate spontaneously.

The cysts called dermoid are most often found in the first twenty years of life. They may be discovered in new-born infants, have been found in both male and female, and in all organs, not excepting the brain. Their most common location is in the ovary. Little or no pain is felt in case of ovarian dermoid cysts. The patient's health is good. The uterus is of normal depth and in proper position. Menstruation and pregnancy are not seriously interfered with. The period of growth is long, extending over many years, and the tumor is usually discovered by accident. It does not attain a great size unless it becomes a true secreting cyst. It is liable to become inflamed, to undergo purulent

changes and to discharge into the abdomen, rectum, or vagina. It can readily be moved about in the abdomen by manipulation. Fluctuation is indistinct. There is dullness over the tumor, tympanitis on all sides, changing somewhat as the patient assumes different positions, owing to the mobility of the tumor. If the hand is passed into the rectum the bony contents of the tumor may sometimes be felt. Adhesions are seldom present. The fluid contains masses of fat, hair, bone, nervous, muscular and fibrous tissue.

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### ABSTRACTS.

*NITRO-GLYCERINE in Heart Disease.*—Dr. L. v. Holst reports in a St. Petersburg journal a number of observations on the action of nitro-glycerine in heart diseases. He considers that it is especially useful where little or no serious organic change in the heart muscle or valves has taken place, and where the affection is mainly due to a debilitated condition of the organ. In angina pectoris Dr. von Holst has found nitro-glycerine very useful; in one case, indeed, it produced a permanent cure. He recommends recourse to this drug instead of to camphor and musk in cases where great cardiac weakness threatens immediate danger to life. He considers that the diuretic action is not due to any direct stimulation of the kidneys, but is a consequence of the regulation of the heart's action. He finds that dropsy, if due to heart weakness, diminishes under the use of nitro-glycerine, but that the renal form is uninfluenced by it. With regard to the dose, the author advises that small quantities should be given at first, and increased gradually according to the effect on the particular case. The preparation he uses is a one per cent. alcoholic solution, and of this he gives from one to six drops three times a day.—*London Lancet*.

*HOT BATHS in the Treatment of Renal Diseases.*—The author has experimented on seven patients with different renal affections, to test the comparative usefulness of hot packs, hot baths, and pilocarpine used hypodermically.

The loss of weight is greater after a hot bath and subsequent enveloping of the patient in blankets. It amounts to 801 grammes. After a hot pack it is 94 grammes, and after pilocarpine it is 514 grammes, 306 by perspiration, and 208 by salivation. The temperature and pulse remain elevated three hours after the bath, and the subjective state of the patient is much better. The slow pulse, low temperature, nausea, headache, and even collapse which follow pilocarpine are not seen.—*Bul. Gén. de Thérap.*

*DIAGNOSIS of Ascites by Means of the Vaginal Touch.*—In an entirely accidental way the author found that even in the earliest stages of peritoneal effusion, when the amount of fluid was still very small, it could be readily detected by vaginal touch. The uterus yields

to the finger because of its abnormal mobility. It can be moved in all directions as if the uterus were fixed to the vaginal roof by means of a joint, permitting movements in all directions.

This extreme mobility on the part of the uterus can only be attributed to a loss of weight of the organ ; and the existence of a certain quantity of liquid in the pelvic cavity explains that phenomenon.

By this means slight peritoneal effusions can be detected which give rise to no other signs.—*Lyon Méd.*

*SCARLATINA and Scarlatiniform Eruptions Following Injuries and Operations.*—Unprotected persons who have suffered injury, or who have undergone surgical operations, are rather more liable to scarlatina than the unprotected healthy. This increased liability is probably due to diminished power of resistance from disease, and will probably hold with regard to other specific fevers. Scarlet-fever is more apt than the other exanthemata to attack such persons, because its influence is usually more widespread, and because it varies within such wide limits that it often escapes the attention of those who readily detect other infectious disorders, and provide against them.

When an epidemic tendency of the symptoms we have been considering to prevail after injuries and operations is shown, it may be concluded with confidence that true scarlatina is present.

Septicæmia is occasionally accompanied by a scarlatiniform rash which does not depend upon the scarlatinal poison.

Medicinal eruptions, especially those from cinchona and its preparations, not infrequently follow injuries and operations. These rashes are probably for the most part usually attributed to true scarlatina or septicæmia.

In obstetrical practice, scarlatina is unquestionably capable of exercising a most noxious influence, but as the distinctly scarlatinal symptoms are here decidedly less important than the obscure and dangerous systemic symptoms that the virus seems to induce, the writer does not presume to enter upon the discussion of this branch of the subject. He inclines strongly to the opinion, however, that in so far as concerns a distinctly scarlatinal rash in these cases, the line of argument followed in this paper is equally applicable.—*Jour. Cut. and Ven. Disease.*

*BINOXIDE of Manganese in Amenorrhœa.*—The effects of manganese in stimulating the menstrual flow, when its suspension is not due to pregnancy, has fairly been established by trials extending over nearly eighteen months. In the articles contributed to the medical journals on the subject, at the beginning of last year, the permanganate and the binoxide were both mentioned as possessing emmenagogue properties, but experiments have so far been made almost exclusively with the permanganate. In consequence, however, of certain disadvantages which are apt to attend the administration of this salt, unless several conditions are complied with, aided, perhaps, by theoretical notions as to the transformation which so unstable a body may undergo immediately after being swallowed, the binoxide, which is equally potent and less irritating, has latterly come into favor. Manganic dioxide, it is true, has been

described as possessing no therapeutical value ; but it is conceivable that if its effects are limited, even approximately, to the menstrual function, they may have escaped the attention of observers, especially if, as is not improbable, their investigations were confined to men or animals.—*Brit. Med. Jour.*

*PALPATOMETRY as a Means of Diagnosis.*—A Russian physician Dr. V. V. Filipopovitch, has recently published a pamphlet containing some observations on the advantage of ascertaining the degree of tenderness over particular areas by means of an instrument corresponding to Eulenberg's baræsthesiometer ; it may be compared to a vertical spring letter-weight, the plate of which is replaced by an extremity having the desired form. The term used is "palpatometry ;" the highest pressure, by variously shaped extremities, which could be borne without pain, was tested. This was found, by trial on a number of healthy subjects, to vary from 1,500 to 2,000 grammes, when the instrument with the knob was used. The work of M. Peter is referred to, as also Dr. Burney Yeo's lectures on Pain in the Region of the Heart and Palpitation (which have been translated into Russian), and several diagrams and charts are given of heart and other diseases, where the mapping out of the surface, according to iso-æsthetic, or, rather, iso-analgesic, areas, indicates with great exactness the course of the disease whether favorable or otherwise. The author has observed that, in typhoid fever, the spleen undergoes a marked and sudden increase of sensitiveness within the forty-eight hours immediately preceding defervescence. This was quite appreciable to ordinary manual palpation, and, during an epidemic of typhoid, he was able to predict pretty accurately the occurrence of defervescence. He points out the value of more exact means of estimating tenderness in affections where peritonitis is feared.—*Brit. Med. Jour.*

*VAGINAL Injections in the Parturient Woman.*—The whole process of child-bearing is purely a function of health, as much so as deglutition or conception ; sickness is not an incident of this condition, but an accident, hence it is absurd to begin prophylactic treatment unless there is reason to apprehend danger. In malarial districts, when the autumn winds begin to blow, we are not surprised to meet with patients suffering from malaria. But he would be called a crank who would go around stuffing twenty grains of quinine into each of his healthy patrons as a prophylactic against malaria.

To my mind the wiser and more scientific course in the management of the parturient is absolute cleanliness, as near as possible, on the part of both physician and nurse, to leave no spots of blood upon the person, the bed or linen of the patient ; to see that the air is sufficient in quantity and pure ; exclude all officious friends and visitors ; avoid as much as possible all causes of nervous excitement ; let the patient arise over vessel, in bed, each day, that the vagina may be drained as nature intended it should. Use disinfectants all you are a mind to, externally, and keep the atmosphere pure and sweet, but don't be constantly injecting irritants, be they ever so mild, into the vagina of your patient,

thus disturbing her quiet and interfering with her natural recuperative powers, unless there are indications of pathological disturbances. Vigilance is at all times proper, but this is the signal for active interference, and if there are suspicions that the disturbing cause is in the genital tract, send your hot water and mercuric chloride after it, at once ; or, if it is in the uterus, don't hesitate to inject that organ. Meet the enemy wherever he presents himself, and you need have no twinges of conscience because of doubt as to whether you have done your duty.

The physician who follows this course, being governed by reason and a conscientious regard for the good of his patient, following no hobbies or fashions except what the requirements of each individual case demands, is the one whose work is most likely to be crowned with success.—*St. Louis Cour.-Med.*

*THE Action of Perfumes upon the System.*—W. P. Ungerer in the *Pop. Science News* says:—I have watched for years the action of inhaling perfumes on the human system, and come to the conclusion that inhaling perfumes and odor of flowers is not only a valuable therapeutic agent to the human system, according to Professor Schoenbein's statement, but it is my personal opinion that living in perfumed air will prevent lung-diseases, and arrest development of consumption. In my connection with perfumery manufacturing, for over thirty years, I have had several consumptive persons in my employ of both sexes, who were condemned to die young of the inherited disease, outside of that occupation, but lived to a good old age in the saturated air of perfumes. In my late visit to Grasse, in the south of France, which is called the flower-garden of Europe, my assertions were confirmed, as consumption is of rare occurrence in that locality. The air is full of the escaping vapors from the distilling of perfumes and ethereal oils, which is the chief occupation of that country ; and the in and out door air is saturated with the exhalation of the flowers and plants all the year round.

*APOCYNUM in Sciatica and in Lumbar and Crural Neuralgia.*—There has appeared from time to time in our medical literature so-called specifics for sciatica, and I know of no affliction more painful and heretofore harder to get rid of than this form of neuralgia. I recently had to treat three cases which were somewhat different from each other, but all having the characteristic symptom of very severe pain. They were all adults, and two of them were women and the other a man. In the first case the pain was in the right groin and in the region of the trochanter, and it was so severe as to extort cries of anguish from the sufferer. After trying other remedies for her relief for three days, during which time the pain grew worse, and temporary rest was only obtained by hypodermic injections of morphia, I gave her apocynum and in a few hours there was cessation of pain and it never returned. The medicine was continued two days. The next case was a woman with pain in right hip and side, which was also so severe as to extort screams, and apocynum again very promptly relieved her. The third case was that of a man, and the pain, which came on in the night was located seemingly in the right kidney, and forced him to get



out of bed screaming with terrible suffering. This was so sudden and severe that morphia was given at first and then other remedies were administered for four days without the slightest benefit. At this time I gave apocynum every half hour, and in one hour there was improvement, and before two hours there was entire relief. This patient had been unable to straighten up or walk on account of the slightest jar hurting him. If apocynum had been given in the beginning of all these cases, as it was in the second one, there might have been reason to suppose that had it not been given other remedies could have been found that would have relieved, such as colocynth or colchicum or rhus tox. or arsenicum, etc., but these and others were tried first, and apocynum was held in reserve to test the matter. I would like others to try it in painful affections of the hips and back and test it on neuralgia of other parts of the body. I gave it by mixing thirty drops of specific apocynum with four ounces of water, and giving a teaspoonful every half hour until improvement set in and afterward less frequently.—*Ec. Med. Jour.*

*THE Influence of Alcohol on the Functions of the Stomach.*—Dr. Giluzinski has just published in the *Deutsches Archiv für Klinische Medizin*, the results obtained by his experiments instituted to ascertain the influence of alcohol upon the gastric functions. We epitomize his main conclusion by the following theses :

1. Alcohol disappears quickly from the stomach.
2. Aldehyde can not be recovered, and alcohol very probably enters, as such, the circulation.
3. The digestion influenced by alcohol can be divided in two distinct periods—viz., one, during which alcohol is still present in the stomach, and another after its disappearance.
4. The first period is characterized by an impeded or rather slowed state of digestion of albuminates, the second by the secretion of an energetic and concentrated gastric juice.
5. The mechanical working power of the stomach is moderately diminished.
6. The secretion of gastric juice after completed digestion lasts considerably longer than without the presence of alcohol.
7. Under the influence of alcohol larger quantities of fluid collect in the stomach, and assume through the action of the bile a yellowish coloration.

Comparing these results with daily experience, according to which alcohol is known to facilitate digestion, especially after a copious ingestion of food, it must be conceded that alcohol in small doses actually exerts a favorable influence upon the functions of the stomach. Especially to be noticed is the increased quantity of free muriatic acid which, at the time when the alcohol itself has long left the stomach, effects the digestion of large quantities of albumen. The momentary slowing of digestion during the first period after the ingestion of a small quantity of alcohol, such as a glass of cognac, is of too short a duration to be at all considered. The experimenter even saw that 100 cc. of



twenty-five per cent. alcohol left the stomach in fifteen minutes, and that instead of a slowing of digestion the secretion of an active gastric juice took place. The impediment to the mechanical functions of the stomach is, after small quantities of alcohol, likewise too trivial to require any consideration.

Different, however, are the results obtained after the use of larger quantities of alcohol. The slowing of digestion is now considerable; the mechanical functions are distinctly impeded, necessitating a longer stay of the food in the stomach. Hence it is clear that alcohol in large doses decreases the quickness of digestion.

To obtain the salutary effects of small doses of alcohol it is necessary to administer them some time before the meal, so as to bring the food at once into the second period which, as stated above, is favorable to digestion.

Another series of experiments made to ascertain the influence of alcohol upon digestion in a pathologically altered stomach claims likewise our attention, and can be thus resumed :

The use of stronger alcoholic drinks is unadvisable in conditions of an abnormally increased or decreased acidity of the gastric juice. In cases calling for excitantia, alcohol is nevertheless to be given, though best some time before the meal for reasons intimated above.

These results throw no favorable light upon the conducive virtues of the numerous pepsins containing alcoholic preparations, the use of which is recommended in all cases of an impeded digestion without regard to the cause. Besides, it is rather likely that alcohol precipitates pepsins, and ought for this reason not to be associated with the latter.—*Therapeutic Gazette*.

*BRAIN and Mind in New-Born Children*.—Almost the whole substance of the cerebrum in adults consists of white, medullated nerve fibres, which partly run downward from the cortex to the periphery, partly connect single cortical regions with one another.

A cut through the infant's brain, however, shows that scarcely anywhere these white fibres exist. There prevails everywhere an uniformly reddish-gray color; only at one place, there is already at birth one filament medullated, and, on that account, white and visible. It is within the first year of life that so many fibres of the brain become surrounded with marrow, as to show no essential difference in the appearance of the brain of an infant and that of an adult, when cut through. The deeper lying ganglions of the crus cerebri and the larger part of the medulla spinalis are almost all finished in their fibrings at the time of birth.

In accordance with both the results of experimental investigations and those disclosed by pathology, there can be no doubt that the cerebrum is the seat of the higher psychical functions, especially of the reasoning power and the power of recollection. Animals of low order can seemingly execute most of their vital functions, even then, when they are deprived of the cerebrum, still peculiar outside irritations are required to induce them to execute motions. Without these irritations,

spontaneously, no expressions of will take place. In general, the cerebrum proves to be of considerable importance, individually, only for animals of higher order. With the porpoise the mass of the cerebrum amounts to forty-five per cent. ; with cats, sixty-two per cent. ; with horses, sixty-five per cent. ; with dogs, sixty-seven per cent., and with monkeys, seventy per cent. of the whole substance of the brain. That for the human being the condition of the cerebrum is of the greatest importance is seen clearly by the fact that injuries of the same are followed by consequences much more fatal than would be the case with animals.

Though Aristotle had already called attention to the importance of observations regarding the mind entering into existence, it has only been a short time ago that psychology was actually much more than a domain of speculative philosophy. Not before the year 1860 this part of the empirical psychology has been fairly established by Kussmaul and others. After Kussmaul, Genzner, Darwin and Preyer have diligently engaged themselves in the study of the infant's mind. The results derived from their observations are the following :

In the just-born child we notice, at first, no expression demonstrating that it has altogether a clear perception of impressions from its surrounding. The first thing striking attention perhaps is that, on an uncovering of the skin, it reacts by crying, that it feels the difference in the temperature newly surrounding it. As close observations of the first hours of life have proven, it also has a perception of certain tactile impressions, and a slight sensibility of pain. Other sensations it receives very soon from a part of the organs of sense.

Touches are felt on the very first day of life, for the touched tongue turns into a channel, and the touched lips commence sucking.

How clear, however, these feelings are is uncertain ; it likely depends on the so-called reflex actions. The reflex irritability is a great one in the new-born child ; from all the parts of the skin and mucous membrane reflections may be generated. Only later, towards the end of the twentieth week, the child becomes aware of having touched something. The very first perception and cognition of touching is given by the sucking of the mother's breast. It is well-known that new-born children very soon learn to still their hunger by way of sucking, and also begin to suck at things put into their mouths, for instance, a finger.

That impressions of temperature are felt has already been stated. Up to the seventh day of life, there is no sensitive impression causing such an expression of pleasure as a warm bath.

The sense of seeing is of a low state at first, but light and darkness are well distinguished. Kussmaul saw a prematurely born child soon after birth turn its head towards the light every time they had turned it away from it. Light-colored objects, for instance, the flame of a candle, are also noticed. Objects of a smaller size or darker hue are not perceived. It takes some weeks till the eyes can fix any thing, and not before the second month will the child notice a finger moved before its eye. But several months will pass before an object is really recognized. The ability to do this requires much experience ; the first two years of

life will elapse before a child actually knows the greater part of the objects surrounding it. Man has to learn what he sees.

As to hearing, it does not exist in the first days of life, since no air has yet entered into the cavity of the drum, but already at the end of the first week, one sees the lashes of the eye quiver, when there is a large noise near by. That, after this time, the sense of hearing is pretty soon and finely developed is known.

Of all the organs of sense the organ of taste is best in function at birth. Investigations have shown that new-born children display different kinds of mimics, accordingly as there are sweet or bitter tasting things put on their tongues. Very young babies sometimes refuse any other milk than that they have been accustomed to, but it is likely that the sense of smell, being in existence the second day of life, herein plays a part.

Even from the hour of birth, the new-born child expresses its feelings of comfort or discomfort by certain motions of the face and limbs, which are quite analogous to those used by grown-up persons similarly affected. Babies will open their eyes, kick with their feet, and smile (from the second month), when freed from hindering clothes, or warmed by a tepid bath. Moderately bright impressions, objects, especially shining ones, put in motion before their eyes create on the face of an infant of six weeks an expression of joyous contentment. From the second month, acoustic impressions, for instance, playing at the piano and singing will quiet a dissatisfied child and cause a lively expression of joy in the face of one quietly resting. In the course of the fourth month the desire of grasping at things commences, which increases during the fifth and sixth months. At this period, children also show plainly their joy when carried into the open air. Soon after, a liking for other things, as watches, toys, etc., is manifested.

In the whole, most of the feelings of joy in new-born children arise from the removing of those causing displeasure, as hunger, cold, discomfort. No expressions of the child, during the first weeks of life, indicate that it remembers any thing it has perceived, and acts accordingly, that it goes in quest of a perception by itself in behalf of information, that it uses at all its apparatus of sense, wilfully. Only by degrees, when the same impression has occurred a thousand times, it is recognized. How long does it not take till the face of the mother or nurse is distinguished from other indifferent faces! Only gradually, the perception combines itself with the idea. There is nothing indicating that the human child enters life with even a small stock of ready imaginations, inherited or innate conceptions.

The new-born child, therefore, resembles very much an animal that has been deprived of the larger portion of the cerebrum.

It is very interesting to combine with this result the anatomical condition of brain in the new-born children. As stated at the beginning, the nerve-tracts are not yet surrounded by medullary sheaths, with the exception of one only. Accepting Meynert's theory of the structure of the brain, and following the growing of the fibres in the course of the first year, we are enabled to form an idea how the organ of mind is fully developed. Meynert makes the following supposition :

The ganglion cells numbering to about a billion, and extending over the surface of the brain, are endowed with the faculty to retain impressions, once received, as pictures of recollection. To these, by way of the corona radiata fibres, the impressions of the senses come. When two cells have frequently been put in commotion at the same time, the excitation of only one of them will later create a picture of recollection in the other. We can, for instance, hardly think of a flame, without remembering at the same time, the heat proceeding from it. Numerous fibres, called by Meynert fibres of association, combine the single ganglion cells with one another. These fibres are, on that account, the anatomic substrata on which the various processes of thinking take place. A great number of mental derangements, especially erroneous judging and deductions, can be retraced to the destruction of fibres of association.

Now then, in new-born children the connections of the deeper centers with the cortex, the seat of the pictures of recollection, are still wanting; nor is there any thing indicating that the connectives of the cortical regions, the fibres of association, already exist. In proportion with the impressions man receives from the outer world, these fibres are developed. Only at a late time after, they combine themselves with one another. It is very probable that, through the whole life, such connecting fibres in the brain are formed anew.

If Meynert's theory is a correct one, we may then regard learning as creating pictures of recollection, and thinking as the creation of fibres of association and the making use of those already in existence.—*Iowa State Med. Rep.*

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#### ITEMS.

Alvan E. Small, M.D., died, December 31, 1886, at his residence, No. 3319 Rhodes Ave., in the seventy-sixth year of his age, of apoplexy.

Messrs. Scribner have in press a new novel, by Mr. John T. Wheelwright, entitled, "A Child of the Century."

Mary A. Brinkman, M.D., 219<sup>1</sup>/<sub>2</sub> West 23rd Street, New York, has withdrawn from general practice, and devotes herself entirely to gynecology.

Dr. Philip Porter, editor of the *Homœopathic Journal of Obstetrics*, has had conferred upon him the honor of a Fellowship in the British Gynecological Society.

It is believed that the success of *Scribner's Magazine* is unique in the history of magazines. The first (January) number was published on December 15th, the first edition being 100,000 copies. It was exhausted on the day of publication. On Saturday, December 18th, a second edition of 25,000 copies appeared, which was at once consumed, and an additional 15,000 was put to press, 140,000 copies having been already sold.

A prize of \$25 is offered by Messrs. Cassell for the best practical paper on "The Domestic Service Difficulty in America," with suggestions for its solution. The paper should contain not less than 2,000 words, and must not exceed 3,000 words in length. The competition will be conducted in accordance with and subject to the general rules of their competitions as given on page 448 of the last volume, 1886. All MSS. must be sent to the editor of *Cassell's Magazine*, New York, not later than March 1st, 1887.

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A supplement to the *British Medical Press* of December 11, 1886, gives in detail an account of the conditions, habits, family history, etc., of fifty-two persons who have attained the age of one hundred years and over. We regret to say that the names of no physicians are to be found among those of the centenarians. "Whom the Gods love die young."

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A study of the death rate, classified according to the various trades and professions, recently made in England, shows that the mortality is much greater among physicians than in any other occupation. As compared with clergymen, one of the favored professions, the proportion is as two to one. One does not need to seek very far to find the causes of this excessive mortality, for not only do physicians resemble church spires in pointing the way they never travel themselves, in inculcating maxims of health which they never follow, but the overwork, irregular hours, exposure and anxieties inseparable from the practice of their profession wear out the great majority before their time.

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Upon this point of over-work by physicians, an excellent suggestion was recently made by a contemporary anent the death of an old practitioner who had died in harness. A steady, hard-working general practitioner, always ready to respond to the call for his services whether the money was forthcoming or not, giving freely of his time and skill, and dying, prematurely worn out, leaving but little of this world's goods to show for his years of ceaseless toil. The suggestion made, was, that if this physician had cut off his unprofitable business, turning it over to some struggling practitioner to get what he could from it, he would not have worn himself out, would have gained in fame and wealth, and not least, would have benefited a brother physician. If the older physicians, those who have grown rich in experience and ripe in judgment, would place a proper estimate upon the value of their services, they would obtain a better recompense at a lesser expenditure of life force.



Our readers will be pleased to know that Professor Brinkman will furnish each month of the ensuing year to the AMERICAN HOMŒOPATHIST a short *résumé* of the latest discoveries, theories and inventions in gynæcological science, and the best methods of treatment of the diseases of women ; and that Dr. Van Tine, of Brooklyn, will give each month a brier summary of current medical literature upon the diseases of children.

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A subject which is rapidly becoming one of the questions of the day in medical London and beginning to attract attention on this side of the water, is the abuse of medical charity in our large cities. Those who are familiar with the workings of the dispensary and hospital service as at present carried out, will almost universally admit the inadequacy and injustice of the present system and its failure to accomplish the end desired. The poor are not rightly aided, and the profession generally, and the young practitioner particularly, are harmed.

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The poor must be helped, but there is no reason why the physician should give of his time, his knowledge and his skill without compensation, that does not apply with equal force to the grocer or the coal dealer that they should give freely of their goods to all who ask of them. The argument often advanced that the young physician receives a "*quid pro quo*" in the experience gained is unjust to both the physician and the patient ; unjust to the physician, because the graduates of our medical colleges to-day are fully equipped and trained for the work they have to do ; unjust to the poor, as considering them only as so much material for the medical tyro to "try his 'prentice hand upon." "*A barbe de fol, on apprend à raire*,"—one may learn to shave upon the chin of a fool—but the fool nevertheless pays for his experience not only in his person but also in his pocket. If the service of the doctor is worth the having, it is worth the paying for.

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Neither do those helped appreciate the service they receive. What costs nothing is to them worth nothing, and the doctor who gives of his time and his skill gains neither fame nor money. A vast improvement over the present system of free medical service could be effected by closing the dispensaries and substituting in their place a district physician or physicians, whose duty it should be to visit those requiring medical attention in their district, receiving in return from the city a small salary, large enough to provide a living, but not large enough to induce



any one to retain it after attaining a private practice. Such a system as this would insure medical aid to those needing it, and would discover and put a check upon those who fraudulently obtain free medical attention while fully able to pay for it.

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The efficacy of vaccination in preventing small-pox has recently been demonstrated, in the case of the Mauri family in Brooklyn, in a manner, which, if the facts have been correctly stated, the opponents of vaccination will find difficult to explain. The facts briefly stated are as follows: On January 4, 1887, Mr. Mauri, a druggist in Brooklyn, and his six children were taken suddenly and severely ill, with symptoms closely resembling those of a powerful irritant poison; the only member of the family escaping being Mrs. Mauri. Three of the children speedily succumbed to the disease, dying within twenty-four hours. The following day Mr. Mauri died; the remaining children being at this date still seriously ill. The suspicion of poisoning was soon seen to be groundless from the fact that one of the children was attacked by the disease while on a visit to an aunt at some distance from his home and that the mother who was at home escaped. Post-mortem examinations of those dying showed the disease to be malignant small-pox, which the symptoms later developed in those still living confirmed. The antecedent history of the case shows that Mr. Mauri, who did not approve of vaccination, refused to have his children vaccinated until last September, when they were refused admission to the public schools until this was done. Vaccination was then attempted, but did not "take," and it was not tried again until just before their illness, when it was successful, but too late to prevent the onset of the disease. The only member of the family who had been vaccinated in early life was Mrs. Mauri, who was the only one who did not take the disease.

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#### HEAT, AS A THERAPEUTIC AGENT.

*B. F. Underwood, M. D.*

THE beneficent effects of heat in many of the ills "that flesh of man is heir to" was probably known to the earliest races of men, and in fact they may be said to have shared this knowledge with the animals among which they dwelt. Primitive man cowering in dread of the night which his imagination peopled with demons able and willing to work

him harm, hailed each rising sun, that dispersed the darkness of the night, with acclamation as the manifest source of light and heat, and the worship of the sun, which is the primitive natural religion, easily followed. Enfeebled by wounds or disease, the work of the demons who lurked in the darkness, barbaric man sought the aid of his god and bared his body to the rays of the sun that haply he might obtain relief, a belief which the stimulating effect of the solar rays upon the animal functions would largely tend to confirm. The sun-bath or insolation was doubtless the earliest medicinal agent known and its application to the relief of bodily ills the first step in medical science.

It is a singular circumstance that while the purifying effect of fire is frequently alluded to in the Bible, the use of heat in the treatment of disease is nowhere mentioned, although the therapeutic virtues of heat and cold were well understood by the surrounding nations with whose drugs and methods the Jews were well acquainted. Among the Greeks, the warm bath was used as early as the thirteenth century before Christ, its invention being attributed to Hercules, a pupil of Cheron, a centaur. Among the Hindoos also, at or before the time of the Christian era, Susnuta, a pupil of Dhanwantari, and a contemporary of Rami, enumerates heat and cold among the list of remedial agents. Among the Egyptians, who were the earliest specialists, having physicians for each disease, we have not been able to find any reference to use of heat or cold.

Hippocrates, 300 B. C., makes frequent reference to the use of heat and cold in the treatment of disease, and gives directions for their employment in words that are as applicable to-day as when they were written. In the sixteenth aphorism, part v., he says: "Heat [hot water] produces the following bad effects on those who use it frequently [in excess]; inervation of the fleshy parts, impotence of the nerves, torpor of the understanding, hæmorrhages, deliquia, and along with these, death." In the twenty-second aphorism, also, he says: "Heat is suppurative, but not in all kinds of sores; but when it is, it furnishes the greatest test of their being free from danger. It softens the skin, makes it thin, removes pain, soothes rigors, convulsions and tetanus. It is particularly efficacious in fractures of bones, especially in wounds of the head, and in mortifications and ulcers from cold; in herpes exodens, of the anus, the privy parts, the womb, the bladder, in all these heat is agreeable, and brings matters to a crisis, but cold is prejudicial and does mischief."

From the time of Hippocrates downward, heat and cold have formed no inconsiderable part of the physician's armamentarium, at one time

in high repute and anon relegated into oblivion ; the past few years witnessing a revival of favor. A singular circumstance, when the potency of this agent is considered.

“The action of heat upon living beings is of a two-fold character :

“ I. The physical ; including expansion or dilation and fluidity.

“ II. Chemical ; comprising increased tendency to changes of composition and decomposition.

“ III. Dynamical, physiological or vital ; comprehending all changes in the condition of vital properties produced by heat. These changes are of two kinds ; (a) primary : excitement, or augmentation of vital actions ; (b) secondary : exhaustion of vital action.

“ A certain degree of external heat [different in different beings], promotes the vital manifestations of animals, and hence we denominate it an excitant or stimulant. Its prolonged operation, however, is followed by debility and exhaustion ” (Periera). The primary effects of the local application of heat are a sensation of warmth, redness, turgescence, and a slight elevation of the temperature of the part. The minute capillary vessels expand under its influence, enabling the corpuscles of the blood to pass through channels previously closed to them. The living tissues become more relaxed, soft and flexible from the application of a moderate degree of heat and admit of a more rapid transpiration. A knowledge of the mutually antagonizing influence of the determination of blood to different parts of the body, as well as of the secretions of the different tissues, is of great practical value in therapeutics.

Upon the nervous system, the primary effect of moderate heat is excitation ; during which sensibility is pleasantly promoted, the action of the voluntary muscles is assisted, and the intellect somewhat exhausted. This in turn is followed by depression, with languor, relaxation and listlessness, indisposition to corporal and mental labor, and tendency to sleep.

As a remedial agent, heat is employed for various purposes, of which the following are the chief :

I. To cause an increased flow of blood to a part, by which means a healthy circulation and temperature may be restored, an equalization of the distribution may be re-established ; and an abnormal afflux or stasis of the blood in other organs overcome ; and the natural secretions and exhalations of a part reintegrated.

“ II. To promote the general circulation of the blood.

“ III. To relax tense, rigid, or spasmodically contracted tissues.

“ IV. To alleviate pain.

"V. To hasten organic changes ; as the termination [resolution or suppuration] of inflammation."

VI. To stimulate the nervous centers, as in collapse or shock. "Collapse from any cause is largely dependent upon, or more properly speaking, largely is, vaso-motor palsy : hence, in almost all form of collapse, the use of external heat is of great importance" (H. C. Wood).

VII. To destroy the organization of a part.

Heat may be applied to the body in two ways, by radiation and by conduction ; showing a specific difference of action in accordance with the method employed. Radiant heat, as originally employed by the ancients, was insolation, or exposure to the direct rays of the sun. This form of heat from the presence also of the illuminating and chemic rays is a powerful therapeutic agent, and may be used to advantage in many forms of disease. As a stimulant in the old, the debilitated and the paralytic ; also in scrofula, and as a restorative in lingering and painful maladies. In consumption and chronic diseases of the chest exposure of the chest to the rays of the sun for some minutes each day, when possible, exerts a beneficent effect upon the course of the disease, and materially assists the action of remedies. It has also been used with satisfactory results in the treatment of hydrocephalus, the head being exposed to the sun's rays for a short time every day, as long as may be necessary.

In the absence of the sun, the heat from a burning body, though not so potent, may be employed in a similar manner. In toothache, or neuralgia from cold or exposure, the rays from an open fire will usually give immediate relief. Radiant heat has also been used as a cauterizing agent, but this mode of cauterizing has of late years fallen into disuse. "The heat radiating from a burning body [as a candle], or ignited iron, is sometimes employed as a stimulant to produce rubefaction in the tract of the vertebral column, in paralytic and neuralgic affections of the spinal cord. 'A much more durable impression of heat,' observes Müller, 'better than moxa or the actual cautery is produced by holding a burning candle near to the affected part for a long time, so as to produce pain, by which means all the beneficent effect of heat is obtained without the formation of an eschar and the subsequent suppuration which is often of no service.' "

The radiant heat from a red-hot iron or a burning coal has been used as a cautery to check hæmorrhages and to promote the reduction of prolapsus of the rectum and uterus, and in hernia. The *cauterization objective* of French writers. Radiant heat has also been used as a prophylaxis after the bites of venomous serpents, rabid animals, etc., the

method employed being to hold a radiant object close to the wound until shiverings are produced.

Conducted heat may be dry or moist, and is used to produce determination of the blood to, and augmented secretion of, the skin in various maladies : as when an internal disease is attended with coldness of the surface, or appears to be connected with the sudden disappearance of a cutaneous eruption. The benefit obtained by the use of external heat in gastritis, enteritis, cystitis and nephritis is in part referable to the same antagonizing influences. External heat is also an important adjuvant in the treatment of diabetes, it checks the excessive secretion of urine, and relieves the dry and unspirable state of the skin.

*(To be continued.)*

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## ON ECZEMA.

BY

DR. LARSAR, BERLIN, TRANSLATED BY S. LILIENTHAL, M.D. NEW YORK.

When we ask, what is eczema? nearly every physician will give a different answer ; but all agree that it is an inflammation of the skin, and thus a clinical unity is acknowledged. Most diseases irritans, of manifold combinations lead to a variability of manifestations, that a typical case can hardly be made out. The most simple form of inflammation is that produced by a solitary cause. Thus also in the skin. Chemical or caloric injury of the tissues, traumatic or experimental, give the first impulse, but its course becomes very soon independent from the inducing cause.

Every dermatitis runs its special course. The primordial inflammatory irritans, the relation of the bloodvessels, the state of coagulation, the power of resistance becomes altered, but the effect does not cease with the cause, for new irritants take the place of the former ones. Thus we understand why strong lye in washerwomen, turpentine in printers, lime solutions in bricklayers, carbolic acid and solutions of corrosive mercury in physicians, continue to act for a long time after the original contact. The skin, once eroded is steadily attacked anew by causes acting in our usual daily avocations; touch, the friction from clothing, heat and cold now become direct noxæ. Such artificial eczematæ are nearly the only ones covered by the usual idea of eczema.

In all other forms we can prove another morbid type, and consecutive irritation of the skin will be added, which veils the connection, and

by its plain and stormy appearance occupies all our attention. It may be therefore advisable to separate such secondary states of irritation from the primary one.

Especially herpetic, intertriginous and pruriginous inveterate scabies, erythemata and itching psoriasis are covered by the irritating eczema till the original disease can hardly be discovered and a careful study will often reveal that many cases, superficially diagnosed as eczema, originate in forms which appear from small beginning and spread from their own periphery. As soon as the redness and swelling are moderated, we are again enabled to recognize the efflorescence starting from a herpes squamosus or from a slight psoriasis and a cure can only be expected by removal of the latter.

A large contingent of apparent idiopathic eczemata are offered by an intertrigo ; sweat, and stagnating, decomposed secreta macerate the epidermis and broadly open the door for all kinds of infectious diseases of the skin. Especially in children, dermatitis exfoliativa and bullosa, pemphigus, lymphangitis, moist and suppurating herpetic affections originate from an intertrigo.

Prurigo plainly shows how easily mistakes are made in such a secondary eczema, less so in prurigo agria, and more in prurigo regionalis. We find here no other symptoms than the sequelæ of an itching of the skin in an apparently perfectly sound skin and only through the constant rubbing and scratching the morbid part becomes visible, producing capillary blood, extravasations and giving finally the appearance of an irregularly limited eczema. Such a scratched eczema, produced by pruriginous sensations, is hard to remove as long as the original affection is overlooked. Such a scratched eczema originates everywhere in connection with an itching eruption. Why do we scratch ? because it itches and we try to remove the disagreeable sensation. The itching may originate in chemical or mechanical influences. All exudations and stagnations, causing a tension on the papillæ produce itching, as the itching in pregnancy and before menstruation, under the gypsum bandage in varicose legs and hæmorrhoids. The itching in jaundice, diabetes, after bites of insects, in scabies, in pityriasis capitis and versicolor are caused by local irritations from toxic substances. Scratching gives relief but it is badly done by the fingernails, when the loosened surface of the skin covered with plasma, needs far more protection from all further insults. There is hardly any suppurating cutaneous eruption, whose proximate cause is not scratching, especially when we consider that dirt adhering to small wounds is the most frequent source for suppuration. Most clearly do we see this in the dispensaries as impetigo contagiosa, for the very



beginning of some small family or school epidemic may originate from a fight of school boys ; whose scratched faces easily take in the impurities of the street. The question is only how to obviate scratching, which can only be done by removing the itching, and we can only do justice to such a causal indication by eliminating from the superficial picture the herpetic, intertriginous, pruriginous or trade disease and not lose time with salves of arsenic or white precipitate or with some patent stuff, puffed up in medical and secular journals.

Many physicians consider it injurious, to work or to bathe moist eruptions. We often meet patients who faithfully adhered to that order and still did not improve, though it cannot be denied that water on an inflamed skin may aggravate. The exudatively loosened epidermis imbibe the water, swell up, lose the remnant of elasticity and being cast off, open freely the lymphducts which need so much the saving upper layer. But all this need not frighten us from the use of water, only we must keep off all injurious influences, and this can safely be brought about by baths and absorbing compresses. Careful experiments proved that all kinds of eczema, whether dry or moist, acute or chronic, whether rubra crustosa or squamosa are benefited by baths, and we use in our clinic the treatment with baths in all inflammatory cutaneous diseases. The patient, though his whole body is dripping wet from moist eczema, is directly put in a warm bath of 28° thoroughly soaped by a tender hand and thus liberated from all adhering remnants of exudation and crusts. According to the strength of the patients the bath is extended and lasts from twenty minutes to two hours, if necessary. A good influence on the nervous system is also witnessed by lukewarm douches, which is gradually reduced to a cold temperature as thus a relaxation by the continued warm baths is prevented. Before leaving the bath it may be advisable to cool the bath somewhat by the addition of cold water. This is refreshing and prevents catching cold. The patient is then tenderly dried with soft towels,—no rubbing—and all afflicted parts thickly covered with a porous paste. We use for this purpose, a salicyl paste of 2%, 2, 0 ; zinc. oxyd., amyllum, 25, 0 ; vaseline flar., 50, 0 ; or lanolin aa 25, 0 ; where the corium is exposed to a great extent ; some prefer resorcin 10% to the salicylic acid, and others use in preference Burchardt's solution 3% argentum nitricum, as it also eases the prurigo.

Many physicians are also opposed to tar in moist cutaneous inflammations, and still there is no preparation like tar and alcohol (ol fagi, ol nux aa 50,0 ; spir. dilut 25,0), which penetrates deeper and destroys more thoroughly the causes imbedded in the skin. We must not allow

the tar to remain long upon the afflicted parts, or else it becomes a new inflammatory irritans. It is therefore advisable to apply it in the bath, hence we dilute it at first with olive oil—only after which more concentrated and pencil it under the surface of the water directly on the eczematous spots, and after the patient leaves the bath we remove it gently with soap, and finish up with the paste-bandage. Tar, thus applied, is well borne. The skin abused by the disease and false treatment exfoliates rapidly, and the exposed foul-smelling surface of the body, covered with suppurating crusts, is soon covered by a smooth and firm covering. Every case, with such treatment, needs strict individualization, but we have the satisfaction to produce a rapid reconvalescence in a patient, who for months and years suffered from his artificially produced dirt on the skin, and where people hardly believe that he ever suffered from a moist eczema.

Already after two or three tar baths followed by the shielding bandage, a great part of the inflamed cutaneous tissue changes into a dry, yellow, scaling surface, and a more concentrated solution may then be advisable.

Clinical facts coincide with our experience. The tendency of the skin to cast off the morbid parts is aided by the soapy maceration in the bath, everything decomposable is washed away from the surface, and the final bandage prevents all outward complications. Tar destroys in loco the known and unknown itching irritants; the salicyl-paste bandage gives lasting security.

Though the clinically most simple present originally the picture of a genuine or artificial eczema, still in all other cases it appears difficult to put forth the picture of an absolutely independent clinical eczema. It suffices to accept them as reactive states of irritation, originating in connection with parasitic, chemical or still unknown causes. If so, we must look for the cause of the dermatitis far more thoroughly than it was the case heretofore.

The ambulatory treatment of inflammatory affections of the skin has a great future before it. Patients who formerly were confined in hospitals or at home in bed, are now enabled to follow their daily avocations, after finding in the tar baths purification and refreshment, and security for the next twenty-four hours from the antiseptic and absorbing bandage. Other skin diseases, as persistent urticaria, exudative erythemata and syphilides, often yield beautifully to the same treatment. With this individually *varialis method we cure more rapidly and more safely than any other method.*

Tempora mutantur et nos mutamur in illis. Progress is the watch-

word of the age, and we do not see why Homœopathy should not also be a steadily progressive art and science, when Hahnemann, the great and sturdy reformer, showed us the way not to swear blindly in *verba magistris*. We feel elated by this short article of Professor Larsar, for it tears down the prejudice held by so many in the treatment of eczematous affections, and shows us that cleanliness is our sure reliance. He shows that we must not treat the name of a disease, but we must individualize strictly every case and change, and modify to the severity of the local affections. What a boon it is already to the sufferer, not to be confined to the house, not to dig and scratch for a momentary alleviation, but to be enabled to follow comfortably all his business relations and feel cheerful in mind and in body.

But are outward applications not interdicted during homœopathic treatment, as the members of the I. H. A. assert? Let us take our hope from the Organon, the standard work of our school, and we will learn that in trade eczema in otherwise healthy persons, even Hahnemann, according to §. 186, does not interdict Larsar's external treatment of simple eczema. But we go a step further and assert that anything which keeps itching at bay and prevents an irritation of the afflicted skin must result in permanent benefit to the patient. Larsar teaches us to go for the cause of any other eczema, and only by removing the cause, the dermatitis will be fully eradicated. Be it psora, syphilis, or sycosis, which is the fons et origo mali, nothing prevents us from using internal medication with the simplest precept of cleanliness to the patient, and so far the strictly Homœopathic treatment of eczema dyscrasica or simplex has not been as satisfactory as our school could wish.

Whether the treatment with tar baths is advisable, may be doubted, though the preparations of tar have enjoyed a good reputation on the treatment of skin diseases by both schools. Still the master teaches, §. 197, the local application of a medicine simultaneously with its internal use results in great disadvantage. For in diseases characterized by a permanent local affection the latter is generally dispelled by topical applications more rapidly than the internal disease. At all events, the premature disappearance of this local symptom renders it very difficult and in some cases impossible to determine whether the total disease has also been exterminated by internal remedy. We admire the master's genius and heartily subscribe to the theory that the cure of the dyscrasia, from which the cutaneous efflorescences emanated must be our first duty for *sublata causa tollitur effectus*, but they need not prevent us using all allowable means to prevent the patient injuring and reinfecting himself. We have no proving of *pix liquida*.

though we have a good one of kreasote. Our chief reliance will always remain on the *anti-psorica* for the eradication of the poisons within us, but at the same time hold fast to the truly good, whenever we find it, as long as it will be beneficial to our patient, and let *non nocere* be constantly the thought uppermost in our minds.

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## NOTES ON GYNÆCOLOGY.

BY MARY A. BRINKMAN, M.D.

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**O**AKUM or marine lint in gynæcology is again brought to our notice by W. T. Parker, M.D. (*New Eng. Med. Monthly*, Nov., 1886). "It is not only an excellent support, but possesses healing properties when applied to the diseased mucous membrane of the vagina. For prolapsed and sensitive ovaries, for many forms of misplacement and in many cases of leucorrhœa it is preferable to absorbent cotton. It not only disinfects, but does not get out of place and affords support until removed."

Dr. Howard A. Kelly reports a new operation, "Hysterorrhaphy," (Report of Obs. Soc. of Phil., *Phil. Med. Times*, Nov., 1886). It is suspension by suture of a uterus prolapsed or retroflected, which may not be relieved by treatment applied per vaginam. A patient who had been under his care three years, in whom the uterus was retroflected with the fundus in Douglas' pouch below the level of the cervix, was operated upon by him for the removal of a tender ovary per vaginam. A cicatrix-like tissue half encircled the angle of flexion. As the usual treatment in such cases had heretofore availed nothing, he passed sutures through the left horn of the uterus and suspended it from the anterior abdominal wall, one and a half inches above the pubis to the left of the incision. The uterus remained suspended one year, when hydrosalpinx of the right tube dragged the uterus over, as was shown by operation for the same. K. thinks in future operations both cornua should be attached, allowing room for the expansion of the bladder. The operation is to be urged where retroflected, infiltrated tissue is unable to stand in position alone after removing the diseased ovaries and tubes. The operation has been devised and performed independently by a number of prominent gynæcologists: Koeberlè, Bardenheuer, Hennig, Czerncy, and Lawson Tait. In the discussion following the reading of the paper, Dr. Joseph Price remarked that Tait considered it dangerous to stitch the fundus to the abdominal wound, and

had abandoned it. Dr. Longaker remarked that a fixed anteversion would itself be pathological and might not allow the bladder to expand.

Iodoform Gauze in Gynæcology (*Jour. Am. Med. Assn.*, Jan., 1887). In Volkmann's Semmlung, No. 288, Fritsch of Breslau gives the manifold uses to which he puts iodoform gauze in gynæcological practice. A 10 to 50 per cent. article is made; the former may be made stronger in iodoform by incorporating the gauze with more iodoform, either in powder or in solution with ether, or in the form of a glycerole. Iodoform gauze used for tampons may, in aseptic cases, remain ten days without showing any sign of putrefaction. F. places these tampons at the head of palliative cancer treatment. He uses a small Sims' speculum, stuffs the vault lightly packed with gauze, and so disposes of it that the cancer lies imbedded in the gauze. In ulcerating cancer the gauze must be firmly packed into the cavity. In most cases an astringent adjuvant becomes necessary. Tannin and iodoform are intimately mixed and the gauze filled with the powder and then packed into the cavity. Such a tampon stops hæmorrhage, checks secretions, disinfects, absorbs, and has an anodyne effect. It may be kept in position four or five days, and may be easily removed without causing pain. It is useful after an operation on cancer, as scraping, etc. If the hæmorrhage is obstinate, glycerine may be added to the powder: iodoform, tannin aa 10, glycerine 200, and the tampon soaked in it. As soon as the tampon is no longer stained with blood, the dry treatment is resumed. In this way cancer may be kept free from smell and discharge until the death of the patient; the tampon, even in large and profusely secreting cavities, being changed only twice a week.

In puerperal metritis with offensive discharge, the womb is syringed out and then stuffed with gauze. If pieces of placenta have been retained, or in cases of ulcerating polypi, these are removed and the gauze applied. In endometritis he also uses the gauze filled with the iodoform-tannin powder, or soaked in its glycerole. In incision of the cervix the gauze is packed into the cervix and between the cut surfaces. In vulvar and vaginal cancer, where from loss of tissue the deeper parts cannot be approximated, the cavity is stuffed with gauze. In two cases operated upon the cavity closed rapidly, there was no fever and recovery was complete. F. cites one case of perityphlitis, refers to several cases of echinococcus cysts, gives three cases of laparotomy for ovarian tumors, and two cases of extra-uterine pregnancy, in all of which the abscess cavities or the extensive wound-surfaces were dusted with iodoform and then packed with iodoform gauze, folded in fan shaped, the ends being carried out at the lower angle of the external wound. After

seven or eight days these strips were drawn out, and if necessary replaced by one or two fresh strips. No fever followed these operations ; recovery was rapid.

Hot water as a hæmostatic in obstetric and gynæcological practice (R. Milney Murray, *Edinburgh Med. Jour.*). M. studied experimentally the effects of water at different temperatures, and found that at 110° to 120° Fahr. it contracts bloodvessels and arrests hæmorrhages from small arteries. At a temperature of from 60° to 100° it dilates small vessels and promotes hæmorrhage, and at a temperature of from 30° to 50° it checks hæmorrhage by contracting the bloodvessels ; but this only temporarily. M. claims that in water at 120° Fahr. we have a powerful agent in controlling the local circulation in an organ, provided we can bring the water to bear directly on the part. The smaller vessels will become narrowed in calibre under the stimulating effect, the abnormal blood supply will to a large extent be cut off, and the resulting phenomena of inflammation checked. The *Med. News*, commenting on the above, draws attention to the point that we can not claim for this treatment constant success and constant applicability. Patients are met with in whom great discomfort follows its use.

Dr. I. N. Love (St. Louis), in a paper on artificial alimentation (Reported *New Eng. Med. Monthly*), says : when the conditions will allow we may use the vaginal cavity alone, as a means of introducing peptones and medicines into the circulation, or in conjunction with other channels. In many instances the vagina may be utilized for purposes of general medication and stimulation, and the stomach saved for the important one of feeding. The vagina is more tolerant of intrusion than the rectum, and can be utilized for an almost unlimited time without revolting. In a letter to the *New Eng. Med. Monthly*, Nov., 1886, E. M. Cushing, M.D., of Boston, strongly advocates the use of irrigation in gynæcological operations. He writes, that a system of treatment and procedure is in evolution for the avoiding of those so-called accidents by which, after the slightest gynæcological operation or manipulation, cellulitis develops. Cellulitis means either a direct infection of the lymphatics from the surface laid bare by the operation, or an infection of the endometrium which passes up the tubes and sets up a peritonitis. The constant antecedent and inseparable concomitant of all such inflammations is an infection with living bacteria or germs, which, differing in their nature and falling on soil more or less favorable, give rise to the greater or less severity of symptoms all the way to an explosion of peritonitis or septicæmia. C. thinks the vagina a very hotbed for bacterial colonies : an old and unnoticed gleet in the



husband has given rise to a mild forgotten gonorrhœa in the wife, so that gonococci may abound in the vagina, and may be carried into the uterus on the sound, or into abrasions or cuts made by the surgeon. C. believes that endometritis, erosion, ectropion, etc., is the result of bacterial irritation. He thinks it the duty of the physician to kill off the bacteria and advises the use of the bichloride (or biniodide) of mercury. In hospitals its use should be a part of the examination, and it should not be neglected in office practice. He advises washing out the vagina with 1:1000 or 1:2000 sublimate solution, for long operations or where much raw surface is exposed. The solution should not be stronger than 1:5000, and should be hot.

Dr. Thomas Addis Emmet, of New York, read a paper at the annual meeting of the British Medical Association (*Brit. Med. Jour.*, Nov. 13, 1886), the purpose of which was to show the necessity for abandoning the use of internal medication to the uterine canal except under certain specified conditions. For years he has taught that the key to diseases of women is to be found *outside* of the uterus, and that this organ is not prone to take on disease, *except in connection with new growth*, or as the result of injury during childbirth. A uterine displacement is not always a primary difficulty. A version is often but a symptom and a flexure but an exaggeration of a version. Mechanical dysmenorrhœa is, therefore, a myth, and hence a supposed cervical stenosis is of little importance in connection with menstruation. Vaginal and cervical discharges, in the absence of gonorrhœa, are due, as a rule, to the effort of nature to relieve an obstructed or an impaired circulation in the pelvic, cardiac, or portal system. From this view we recognize that inflammatory change in the broad ligaments will cause retroversion and prolapse, and, as a rule, when the utero-sacral ligaments become involved the uterus becomes anteverted; if an unusual degree of prolapse had previously existed, the version will become a backward one. By extension of inflammation to the peritoneal surfaces in Douglas' cul de sac adhesions may form and the uterus become fixed. Hence, remove inflammation before attempting to replace a retroverted uterus. Dr. E. holds that a pessary gives relief only indirectly by supporting the relaxed or overstretched fascia and connective tissue of the pelvis. With adhesions accompanying a local peritonitis undue traction is exerted on one part with the effect of relaxing the tissues in another. The benefit to be derived from the pessary is that the fascia and connective tissue are thereby enabled to give the proper support to the bloodvessels, thus diminishing their calibre and lessening the congestion throughout the pelvis. Diminishing the quantity of blood, therefore,

gives the relief, and not the change of version. When an enlarged uterus is anteverted and accompanied by irritability of the bladder, this and other kindred symptoms are not due to the version but to the degree of prolapsus. Any means fitted to lift the cervix to its proper plane in the pelvis where the circulation can go on unobstructed, will relieve the symptoms notwithstanding the degree of version may be thereby greatly increased.

In corroboration we have the same train of symptoms as those accompanying prolapse when the uterus is lifted proportionately high in the pelvis ; in both instances the neck of the bladder is bound down by the subpubic ligament, and being the only real fixed point in the pelvis, traction in a special line will excite a desire to empty the bladder without reference to the version of the uterus.

A flexure of the body of the uterus is closely connected with an obstructed circulation, and has its cause in pelvic peritonitis which at the same time intensifies the version.

Many instances of exaggerated dysmenorrhœa occur where the largest-sized sound can be passed to the fundus without difficulty. E. has placed a woman with contracted os due to abuse of caustics in Sims' position, and watched the menstrual blood flow drop by drop from an opening too minute to be readily found at any other time, and yet if there existed no pelvic inflammation or impaired nutrition, the process was free from pain.

Dysmenorrhœa is certainly not due to flexure of the uterine body, for it is common to see all degrees of deviation where the menstrual flow takes place without pain.

Dysmenorrhœa and flexure frequently exist together, but their association is an accidental one, though both may be due to a common cause. Dysmenorrhœa is a symptom merely, and one generally of perverted or impaired nutrition, the fault lying in the nerve centers, and not in the uterus or its appendages. E. protests against forcible dilatation, and purposely lacerating the cervix. If there is a point in gynecology clearly defined from his experience, and from the observation of others placed apparently beyond dispute, it is the close relation, as by cause and effect, between the injury resulting from laceration or division of the cervix uteri and the development of epithelioma. He relates a case in which he knew epithelioma to follow divulsion or forcible dilatation. He used to divide the cervix, and has practiced dilatation for the relief of dysmenorrhœa, but has long been convinced that the practice was an irrational one ; that it did harm as a rule, and unless pregnancy supervened no one was ever cured permanently by it.

An over-looked pelvic inflammation is a frequent cause of irregular loss of blood from the uterine canal, and sometimes the absence of the menstrual flow is due to the same cause. Often the curette is used empirically in blindly scraping tissues from the uterine canal which have become only soddened from a hypersecretion due to the obstructed pelvic circulation. Many a pelvic inflammation has been set up, and complicated adhesions have been formed, through the injudicious use of ergot. It is common to mistake a small ovarian tumor for a fibroid, as at this stage of its growth a loss of blood is a frequent symptom of the former disease. In this condition, and without a knowledge of the consequences, ergot is often administered as well as where a fibroid is so situated that no expulsive power of the uterus could act upon it. Unless the os is dilated and a fibroid is so situated that, with the aid of gravity it can be expelled, it is bad practice to administer ergot except in minute doses. In such doses, and by long continued use, its action, through the ganglionic system, is as a tonic on the muscular coats of the bloodvessels situated in erectile tissue, and is thus most useful in the treatment of old pelvic inflammations.

Here exists a condition which illustrates the action of hot water when administered by vaginal injection. If the injection be given in the recumbent position, while the pelvis is elevated, very hot water used and the injection prolonged for a sufficient time, the loss of blood will be arrested by the reflex action thus exerted upon the capillaries. On the other hand, if the menstrual flow be arrested or absent from over congestion, a flow will again take place as soon as the hot water shall have excited contraction enough to bring the circulation within the proper limits, and this can be aided by other efforts to increase the action of the skin.

We possess no more efficient means for relieving dysmenorrhœa than the proper administration of these hot water injections, if they be continued at short intervals from the first pain, and until relief is obtained. But this agent could have no effect in relieving dysmenorrhœa if the latter were due to any mechanical cause, such as flexure, or to the existence of a partial stenosis.

In the absence of malignant or specific disease and of new growths, we may feel satisfied that an existing discharge of the uterine canal is not due to a diseased condition of its lining surface. E. holds that inflammation of the uterine tissue itself does not occur except during the puerperal state, when we have metritis. After death we may look in vain for any evidence of so-called chronic metritis, endometritis or endocervicitis, etc. E. does not believe these conditions exist except in theory.

The discharges from the uterine canal, under ordinary circumstances, are due to extraneous causes ; and the most common is some obstruction in the venous circulation attending an old pelvic inflammation. There is a constant tendency to resolution from the great reparative changes in tissue attending each menstrual period. Granting that at this time the whole of the epithelial surface lining the uterine canal is not removed or replaced, certainly a large portion is thrown off, and under such circumstances endometritis could not exist but for a limited period. The most extensive erosion recognized during life can not be found after death, as there is no loss of tissue ; the tissues involved therein, then, become blanched, owing to the emptying of the capillaries. It is thus shown that over-secretion is due to an obstructed circulation outside of the uterus. Even when the discharge seems to be due directly to an injury, as from the surface of a lacerated cervix, the rule still holds good. But for the septic inflammation set up at childbirth, and the continued obstruction afterwards to the circulation as a consequence, the lacerated surface would promptly heal soon after the reception of the injury. The cervical discharges are kept up afterwards by the existing inflammation. Holding these views in relation to the cause of the discharge from the uterine canal, E. abandoned the practice of internal applications, and he believes that he was the first to do so. He avoids, if possible, the introduction of any instrument or remedy within the uterus.\*

Patients are now under treatment a much shorter time. He recalls cases treated years ago who were often under treatment year after year, and each relapse was then attributed to cold or imprudence on the part of the patient, but never to the mode of treatment.

To substitute for the uterine surface the more extended vaginal one for the application of any agent which would be suitable for introduction within the uterus is a positive gain. The better results obtained during the past seven years he attributes to a greater appreciation of the different shades of pelvic inflammation and a knowledge of their relative importance. He pays close attention to the details of general treatment and relies less on local means. He makes a more judicious and limited use of pessaries with the result of but few instances of lighting up again the old pelvic trouble. While he allows the version to

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\* Dr. Emmet may have been the first to *abandon* intra-uterine medications, but we have had an almost exclusive gynæcological practice for many years, and have *never* used them, believing them to be irrational and harmful. We quote extensively from Dr. Emmet's paper because it shows advanced thought among those to whom young members of the profession are looking for guidance.

remain unreduced for a time, he corrects the prolapse as far as possible by the use of cotton wool pledgets, saturated in glycerine. This will fairly test the skill of the operator as to the proper position of the pledgets, and as to the plane in the pelvis to which it would be safe to lift the uterus without exciting flesh inflammation and where the circulation would be the least obstructed.

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#### ABSTRACTS.

*THE Cause of Gas Formation in the Stomach.*—Professor Miller (*Deutsche Med. Wochenschrift*) has recently investigated the formation of gas in the stomach after the ingestion of food. He ascribes this formation to the actions of certain forms of bacteria on the carbohydrates of the food. These organisms have the common property of withstanding for six or eight hours the acidity of the dog's stomach, which is 0.1 per cent. greater than that of man. If a culture of the organisms be mixed with the food of the animals, diarrhoea ensues in twenty-four to thirty-six hours; and the same result Professor Miller experienced when he took some of the culture after a meal of potatoes and bread. The symptoms were relieved by a large dose of hydrochloric acid, but he found the bacteria in the feces for six days afterward. In the other experiments which were performed, the organisms were added to a digestive mixture containing the food experimented upon and a large amount of saliva. The amount of gas formed was then roughly estimated by comparing the level of the food before and after digestion. It was found that, of ordinary food, bread and potatoes gave rise to the greatest quantity of gas, while meat, fish and some vegetables (for example, endive) gave rise to exceedingly little.

*ANTIPYRIN.*—Dr. Blanchard has studied the effects of antipyrin under various conditions, and has reached the following conclusions:

In acute articular rheumatism, it affords relief as completely and more rapidly than does the salicylate of soda; but the dose necessary (four to six grammes—sixty to ninety grains), often produces erythema, but no other symptoms of intolerance. In acute pneumonia of the adult, its effect has been slight, almost *nil*; in the infant, on the contrary, its good effects are very often manifest, and in general its administration is followed by prompt improvement. Dr. Blanchard has also frequently prescribed it in chronic bronchitis when an accession of high temperature has aggravated the existing condition, with the result that one to two grammes (fifteen to thirty grains) will bring the febrile movement to an end by the termination of the second day. In most of the anginous affections, except the suppurative and diphtheritic, the results of the administration have been the same; the fever soon ceases, and, although the disease proceeds on its usual course, the headache, the anorexia and other unpleasant symptoms, belonging to the fever, disappear.

In ephemeral fever, influenza, gastric fever and similar affections, a single dose of antipyrin, fifteen to thirty grains, suffices to dissipate all

the *malaise*. In typhoid its action is purely antipyretic, and the results of its administration are much less satisfactory than the treatment by baths.—*Revue de Therap.*

*TYPHOID Fever from Decomposed Animal Tissue*.—Dr. R. W. Hutcheson writes the history of several cases of typhoid fever that have come under his observation during the last twenty years.

The facts attendant upon these cases warrant the opinion in his mind that typhoid fever originates *de novo*, and that the cause is the ingestion of decomposed animal tissues under certain conditions, and chief among these tissues he mentions dead toads, rats, snakes, etc., in the well-water. Not only has he had frequent proofs of this in his own practice, but he has known it to occur in the practice of other physicians.—*Med. and Surg. Reporter*.

*OPEN Air Treatment of Phthisis*.—A. B., aged 24, was first seen June 24th, 1886. He was very anæmic, and easily tired on very slight exertion. Rather free hæmorrhage had alarmed him. The fauces were red and inflamed, and showed blood oozing from one or two points. There was slight, hacking cough. Temperature raised. Physically little or no signs in the lungs. He left a few days after for Brighton to spend his holiday, and then became rapidly worse; but, after ten weeks' careful treatment, recovered, so as to return to London, September 15th, 1886.

There was great emaciation, rapid pulse and high temperature, scanty expectoration, often highly tinged with blood. Examination revealed a distinct cavity on right side, with a fairly healthy left lung. The family had had too much experience of such cases to object to any treatment that held out better chances of cure than that ordinarily adopted, and, after careful explanation, both patient and friends agreed to adopt an open-air treatment. This commenced September 24th. His weight was then 8 st. 4¼ lbs. The patient was carried up and down stairs in an invalid chair. His nights were restless, appetite very fairly maintained.

At the present time, November 3d, there is but seldom a slight tinge in the expectoration, the lung showing evident signs of repair, the weight is 8 st. 13 lbs., and the patient takes fairly good walking exercise every day, and is starting for Australia on the 18th inst. The treatment is as follows: A large room facing the south, and in a house situated in an elevated part of Hampstead, near the mouth of the Primrose Hill Tunnel of the London and North-Western Railway, is cleared of all furniture, except bare requisites. The bed is placed in one corner, sheltered from all draughts; the window is left wide open at the top; the bedroom door is also kept open, together with the staircase window near, and the door and corridor of an adjacent dressing-room.

Woolen clothing for the whole body is worn both day and night. Iodine is freely distributed about the apartment; and a pad soaked in terebene placed under the chin when the patient is in bed. Food is pushed, cod-liver oil, with iodoform pills and iron, completing the treatment, except an occasional aperient pill, and one with belladonna and oxide of zinc, to control night perspirations.—*Brit. Med. Jour.*



*IRRITABLE Brain in Children.*—In the London Medical Press, August 11, 1886, Dr. William H. Day reports five cases of this affection, from the study of which he draws the following conclusions :

These cases are common enough in young children, though frequently overlooked at an early stage, when the symptoms might be subdued. The disease is sometimes seen in children who are rickety, and in whom dentition is delayed. Excitable and nervous children are prone to the disorder. This irritable state of brain may follow moderate exposure to the sun and also to cold, the head never becoming hot nor the face flushed. A long exposure to the sun's rays, or a greater degree of cold, invite an active form of cerebral congestion. If the congestion be moderate and promptly attended to, and the child is of good constitution, the attack passes off gradually and the usual health soon returns. It is in the initial stage that threatening mischief may be averted. This irritable state of the brain is, in many cases, primarily one of anæmia of the brain, as already stated, for the vital powers are first depressed and lowered. The brain is imperfectly nourished. It ceases to respond. It has lost its tone. The little patient has pains in the head ; his pupils are contracted, and he shuns the light ; he is disturbed by dreams, and sleep is unrefreshing. The irritability persists until the congestive stage is reached, when it vanishes altogether, or is supplanted by lethargy and indifference. The distribution of blood through the brain in life is not uniform ; some parts are more abundantly supplied than others ; hence we come to understand why cerebral hæmorrhage is common to certain situations, and softening of the brain in the adult from partial anæmia in other parts, when the proper blood-supply is obstructed and the circulation is disturbed. In young children the peculiarities of the cerebral circulation are more noticeable, and by reason of the fact that ossification of the skull is incomplete and the fontanelles are open and elastic, the amount of blood within the cranium is subject to great variation. Partial anæmia of certain parts of the brain, followed by local congestion of other parts, may possibly explain some of the symptoms I have described, and the influence which the circulation must have upon the functions of the brain.

Congestion of the brain in early life very frequently succeeds the stage of irritation, if it does not usually accompany it in a greater or lesser degree. This arises from the readiness with which the brain circulation is disturbed. Young children in good health, who go too long without food, or do not obtain sufficient sleep, get wayward, fretful, and exhausted. When food and rest are obtained, the symptoms subside, and, the circulation being strengthened, they pass away. This is a state of irritation, and exhaustion is its chief cause.

The *diagnosis* in cases of irritable brain is rarely difficult. Failing health, caprice of manner, fits of ill temper, lassitude, pallor, loss of appetite, and unrefreshing sleep are among the earliest and characteristic signs. But even these symptoms may mean little in a young child, as they are common to many slight ailments, and quickly pass away. At the same time we can not be too watchful, as there is an ever-threatening danger while the brain is in active growth and development. As

the disorder steals on, sleep becomes disturbed, and the cheeks occasionally flush. With these symptoms there may be no elevation of temperature, and no acceleration of the pulse, for the nervous system has not yet transmitted any disquieting influence to the circulation. A considerable time may elapse before we know there is any headache, for the child may be too young to express its sensations, but if the hand is frequently raised to the head while it rolls from side to side on the pillow, we may be tolerably certain that it is uneasy and painful.

In typical cases of congestion of the brain in children there are, in addition to the symptoms I have enumerated, severe headache and often vomiting. Sometimes there is much oppression, lividity of the face, and a tendency to heavy sleep, hence the similarity to meningitis in its later stages. Usually, however, the two affections run a different course. In simple congestion, if the constitution is good and no convulsions occur, the fever is slight and the attack passes off in a few days. This is not the rule in meningitis.

If we turn to the temperature as a means of diagnosis, it is worthless if not taken in connection with other signs. The temperature in fatal cases of meningitis may not reach the height it does in simple irritation, but it generally does, and at the time of death is much higher. In the fifth case the temperature ran up to  $104^{\circ}$ , and yet the constitutional symptoms were nothing like so severe as in the first, second, and fourth cases. The temperature is exceedingly mobile in children of nervous temperature, rising and falling with extraordinary rapidity on very slight provocation.

In long-standing examples of cerebral congestion and disturbance, vascular changes may be expected to occur in the optic disks. Active congestion is such a near approach to inflammation that the line of demarkation can hardly be drawn. The two conditions are generally blended, a minor degree of inflammation being mixed up with, or superadded to, the cases of irritable brain and congestion. It is in cases of purely irritable brain that ophthalmoscopic changes are generally absent, and accordingly in nearly all the cases I have related none were found. Too great importance should not be attached to any ophthalmoscopic appearances that may be present in the cases I have been describing. We have seen that no optic changes were noticed in the cases that were *irritable* rather than *congestive*. As these are often absent in simple meningitis, and sometimes in the tubercular variety, even when it occurs, as it generally does, at the base of the brain, I think caution is needed before coming to a hasty conclusion.

*Treatment.* A favorable result depends in a great measure on meeting the symptoms with promptitude at the outbreak, when there are only slight headache, alteration of manner, and disturbed sleep to guide us in that early stage, when it is impossible to say what is the essential cause of the trouble, what is its exact nature, and what is its probable termination.

*Rest*, in these cases of irritable brain, is to be strictly observed, since it checks the overexpenditure of nerve force by conducing to repose and sleep. The brain being sensitive, exhausted, and easily fatigued,

absolute rest is as much needed for its recovery as it is for a broken limb or a dislocated joint. This simple precaution is seldom sufficiently insisted upon until it is too late. Strong light, noises in the room, and the presence of anxious friends tend to excite these young patients. Through the medium of the nervous system the circulation becomes disturbed. Physiological rest tranquilizes the circulation, allays excitement, and favors recovery.

If the head is hot (and this belongs to the *congestive* rather than to the irritative class) a cold lotion or ice-water rags may be applied to it. Cold continually applied to the head will often induce tranquillity and sleep, when bromide and chloral fail. Cold soothes the patient. If we dread the approach of meningitis, henbane, and even small doses of morphia in combination with hydrate of chloral, will prove of the utmost benefit in the early stages.

An aperient will generally be demanded. A grain of calomel, followed by a little syrup of senna, or by a few grains of sulphate of magnesia and nitrate of potash, will answer well, if the strength is good and there is any heat of head. After this some bromide of potassium, with small doses of the iodide or hydrate of chloral, according to circumstances, should be given regularly. When the symptoms of cerebral congestion predominate the bowels can scarcely be kept too open, and if there be arterial tension aconite in combination with the bromide will tend to reduce it and calm the excited brain at the same time.

The feeding of these cases is important. It should be nourishing from the first, and in the absence of vomiting (which we have noticed in all the cases) milk and beef-tea are to be freely given. Food from the first, in a nourishing and a readily assimilable form, should be given.

*ON the Antiseptic Effects of Vinegar and its Utilization in the Treatment of Diphtheria.*—Under this heading Dr. Friederich Engelmann, of Kreuznach, publishes in the *Centralblatt für Klinische Medizin*, a paper, of which the following is a condensed abstract:

The fact of the absolute failure of the ordinary therapeutic measures in diphtheria induced Engelmann to institute trials with citric acid, which, as he had learned, was being successfully exhibited in the United States in this affection. The results obtained were sufficiently satisfactory and rather encouraging. In a grave case of diphtheria in the country, where citric acid could not be readily obtained, and a prompt interference was indicated, the author resorted to vinegar, and was gratified with the result obtained. He used partly ordinary vinegar, partly the officinal acetum, internally, in the proportions of one to four as a gargle, one to two and even undiluted as a spray, one to two or three for painting undiluted.

Engelmann tested the antiseptic action of vinegar after the ordinary methods, and was surprised at the degree of antiseptism obtained, which even surpassed that of a five-per-cent solution of carbolic acid. He added to fluids crowded with bacteria a quantity of vinegar and two- and a half and five-per-cent solutions of carbolic acid separately, and

obtained astonishing results after having transferred the fluids to gelatin plates.

Three to ten of vinegar suffices to completely check the development of micro organisms, while of a two-and-a-half per-cent solution of carbolic acid an addition of ten to twenty, and of a five-per-cent solution of carbolic acid an addition of five to ten was required for the same result.

Other comparative researches of the same nature gave invariably identical results.

If these experiments are accurate, and if their results should be confirmed by other observers, we possess in vinegar an antiseptic agent of the highest type, which strangely has hitherto escaped the attention of therapeutists. Even Koch never alludes to vinegar as antiseptic medicine in any of his experiments of disinfection. Alongside of its disinfecting efficacy, rivaling and surpassing apparently that of carbolic acid, vinegar possesses such other advantages as will insure for it the first rank whenever an antiseptic remedy is needed for internal use and for the mucous membranes of the mouth and pharynx. It is not caustic or irritating, and is wholly innocuous. Later researches will no doubt determine whether and to what extent the well-known action of acetic acid on the animal cells and tissues need be considered in the application of this remedy.

The harmlessness of vinegar, together with its alleged powerful antiseptic influence, ought to induce practitioners to give the remedy a trial in diphtheria. If it is not productive of good, it can at least do no harm, and that is more than can be said of many therapeutic interferences practiced in diphtheria.—*Therapeutic Gazette*.

*HEADACHES in Diagnosis*.—1. When pain is located between the ears at the occiput, below the lambdoidal suture. The gastro-digestive apparatus, the automatic centers of life and the sexual organs will be the seats of disturbance.

2. When pain is located in the region of the parietal bone, from the coronal to the lambdoidal suture, and from the squamous suture to the superior outline of the parietal eminence. The duodenum and small intestines will be the seat of disturbance.

3. When pain is located in the forehead, from the coronal suture to the superciliary ridge below, and within the temporal ridges on either side. The large intestines will be the seat of disturbance.

4. When pain is located below the superciliary ridges, including upper eyelids, to the external angular processes on either side. The nasal passages and buccal cavity will be the seats of disturbance.

5. When pain is located in the temporal fossa, from the squamous suture to the zygoma below, and from the temporal ridge to the mastoid process. The brain and its meninges will be the seats of disturbance.

6. When pain is located at the vertex, from the coronal suture and two inches posterior to it in the median line, and two inches on either side of that extent. In the female the uterus, and in the male the bladder, will be the seat of disturbance.

*SPECIFIC for Consumption.*—M. Naudin, member of the French National Institution, writes to the *Journal d'Hygiène* that mutisia vicifolia cures consumption promptly and thoroughly. This statement is based on the experience of Dr. Sacc, who has been living for many years in Cochabamba, and succeeded in obtaining the stated plant—which grows in Bolivia, and is jealously guarded and kept secret by the natives—by trickery, flattery, and great presents. The plant enjoys the enviable reputation of curing phthisis and every affection of the respiratory apparatus. Dr. Sacc claims to have frequently found occasion to witness the verification of these statements regarding the plant, and does not doubt for a moment but this plant will in the shortest time acquire great celebrity. If these claims of Dr. Sacc are true, mutisia vicifolia will become the greatest benefactor of mankind.

Detailed knowledge regarding this plant is as yet totally wanting. Mr. Naudin received thirty seeds of the plant, collected from about two thousand flowers, from Dr. Sacc. These seeds were planted in the Jardin des Plantes and in Algiers, and we will no doubt soon hear more about the plant. More important for the moment is the news that Dr. Sacc has sent to the hospital for consumptives at London and to various hospitals in Paris large quantities as an extract prepared from the plant. Thus the results will probably soon be rendered public, and we all trust that for the sake of suffering humanity these results will not fall short of his expectations.

*TREATMENT of Asphyxia of the New-Born.*—Dr. Sharp writes that the perusal of an abstract with the above title has led him to describe a method accidentally discovered many years ago by himself. He was trying to resuscitate an asphyxiated new-born child, but did not succeed, and the pulsation ceased in the cord. "I cut the cord, and continued Marshall Hall's method till I became convinced the child was dead. So many years have now passed that I can not speak of the condition of the heart, but am under the impression I continued my efforts till the beat of the heart could not be heard. Then I asked for a cloth in which to wrap the body, and took the child in my hands, holding the feet in an elevated position with my right hand, while the back and shoulders of the child, in a depending position, lay upon my left hand. The nurse was tardy in bringing me the cloth, and while I was holding the babe it gasped. I laid it down on the bed, and again commenced Marshall Hall's method for resuscitation, but no result; I became convinced again that the child was dead. Taking it in my hands again in the manner above described, I asked for a cloth, and as before had to wait a little, and while waiting the child gasped. The thought came to me at once that the child gasped because the force of gravity carried the blood to the brain, and the lack of this was why the child was dying. I held the child in the same position till gasp after gasp brought respiration and circulation to a normal condition. The child lived. And many, many times since have I resuscitated children which I think would not have lived had I used the ordinary methods."—*Med. Rec.*



*A PATHOGNOMONIC Sign of Cancer of the Stomach.*—The Paris correspondent of the *Lancet* says that at a recent meeting of the Société Médicale des Hôpitaux, a patient was shown who exemplifies the condition said by German writers to be characteristic of cancer of the stomach, a condition found by M. Debove to be constant in such cases, and which he proposes as a pathognomonic sign of the disease. In malignant disease of the stomach, it will be found that hydrochloric acid is always wanting, whereas it lasts constantly during digestion in every other case. In M. Debove's patient, this absence of hydrochloric acid enabled a diagnosis to be made at a period when there was no other symptom of cancer, and the disease was looked upon as dyspepsia, an opinion shared by M. Debove himself until he had ascertained the composition of the gastric juice. Since the beginning of the year the man has been under observation, and the real nature of his disease, now constituted by a characteristic tumor the size of an egg, is no longer doubtful. In reply to questions, M. Debove said that he obtained the liquid for examination by means of the œsophageal tube, and that the test used for distinguishing the acids were those recommended by the Germans. A solution of gentian violet (1 to 5,000) gives a blue coloration with HCl. "*L'orange Poirier*" in saturated solution gives a red reaction with the same acid. Lactic acid is recognized by the increased yellowing of perchloride of iron, and by change in color of a mixture of perchloride of iron and carbolic acid, from amethyst-blue to yellow.

*TO Ascertain if Gangrene is likely to follow Severe Injury of a Limb.* Dr. W. Scott Lang advises elevating the injured member in order to render it temporarily anæmic; next applying an elastic bandage or tourniquet for a minute; then lowering the limb and removing the tourniquet; when, "if sufficient circulation remains, the part beyond the seat of injury will blush rosy-red, and will show in an unmistakable manner the condition of the blood-vessels." This expedient was adopted by the writer in a bad case of railway-crush of both bones of the leg, where the limb was almost dangling and apparently hopeless. Under antiseptic treatment (after removal of fragments of bone and securing bleeding points), the boy made an excellent recovery with a useful limb.—*Edinburgh Medical Journal*, January, 1887.

*ACONITE in the Treatment of Pneumonia.*—The treatment of pneumonia by tincture of aconite is not new, but its endorsement by Surgeon J. D. T. Reckett, of the Army Medical Staff (*Indian Medical Gazette*, October, 1886), is so unequivocal that it deserves attention.

For six years nearly every case of pneumonia which has come into his hands has been treated with aconite, and in this period he has had only one case which ended fatally. In adult men of florid complexion, high temperature, rapid and full pulse, and usually dyspnœa and pain, he gives five minims (B. P.)—equivalent to gtt. j-ij, U. S. P.—every two hours with half an ounce of water, until the urgent symptoms are relieved; subsequently wine of ipecac and solution of acetate of ammonium are substituted. Hot poultices of flaxseed are applied, and low diet given. The disease, thus treated, rarely passes into the second stage of red hepatization.



*ANISIC Acid, a New Antiseptic.*—By oxidation of oil of anise, anisic acid is obtained, which is isomeric with methyl-salicylic acid and has germicidal properties. The anisate of soda does not disagree with the stomach, reduces temperature, and increases intravascular pressure. It may be used in surgery as an antiseptic, or in the treatment of acute articular rheumatism as a succedaneum of salicylic acid.—*Rev. de Thér. Méd.-Chir.*

*SMALL Versus Large Doses of Medicine.*—Dr. France under this title says:—"The *vis medicatrix naturæ* and the certain, controlling powers of medicine are becoming better understood. The disastrous effects of large doses, especially of heart sedatives in depressing the vital forces and causing death in many cases, are justly looked upon as *murder* perpetrated by licentiates of our profession. Doses comparatively *very small* when frequently administered at short intervals are safer and more successful, and are being much used by intelligent practitioners. Even our systems of mental philosophy and the powers of the mind in their application to the treatment of nervous and all forms of disease are becoming more recognized by every worthy disciple of Hippocrates. As typical cases that distinguish the present time, we cite the example of Ringer of New York, who prescribes as an antibilious purge, calomel one-half grain, extract of hyoscyamus three grains, to be mixed, and the dose to be repeated for three nights in succession, assisted by a few drops of the tincture of nux vomica. For a similar case the physicians of thirty or forty years ago would have prescribed calomel twenty grains, jalap twenty, to be mixed and given at a single dose, assisted or preceded by the abstraction of a pint or two of blood. In all inflammations it was customary practice to *bleed*, in many cases to the extent of syncope; also to apply blistering cerates covering many inches or a foot of surface. But as science progresses the ideas and practice of a former age have changed and many prescriptions are now made, consisting of a single drop or grain, or part of a drop or fraction of a grain, for a single dose. Morphine, usually given in the one-sixth of a grain, is now prescribed by many in much smaller quantities. It acts better in a vast number of cases when administered in the fifteenth part of a grain, repeated at intervals of half an hour or hour, operating without nausea or wakefulness, often the result of large doses. Calomel given in the tenth part of a grain or even smaller quantity, repeated hourly for several hours in succession, produces better results than in the larger doses, causing little or no nausea, but all the good effects that belong to this invaluable medicine. The tincture of aconite has a greater effect in controlling arterial excitement and fever, given in one-fourth drop doses every hour, than two drop doses every two hours. By its use in these small doses we can secure all the sedative effects we wish, and, what is greatly to be considered, without causing depression of the vital powers, a fact of great importance in making prescriptions of so potent a remedy. But it is not morphine, calomel, or aconite alone that are more curative in *very small* than in the usual, comparatively large, doses. The doses of our whole cata-

logue of medicines, as given in our standard authorities, need to be reduced in quantity. A radical change in this respect should be made to keep pace with a more benign and enlightened therapeutics. It is curious that comparatively very small doses act better than large doses, but experience confirms the fact. The more frequent reception into the stomach may cause a more constant medicinal effect upon the vascular and nervous functions. The absorbents may receive more kindly the small, almost homœopathic doses, while the larger ones excite, and thus prevent the assimilation of the medicine into the blood. Our *materia medica* needs revision, and our therapeutics will undoubtedly be improved and changed in the future. We need in medicine more of the certainty and exactness that should belong to so grand a science. The field in this respect is large and the need is great."—*Pacific Med. and Surg. Journal*.

**TREATMENT of Ozena**—Dr. Mollerid, after cleansing the nostrils with a solution of chloride of sodium and drying the mucous membrane with pledgets of absorbent cotton, introduces a bit of cotton, moistened with a few drops of the essential oil of turpentine. In a number of cases in which this method was employed the disagreeable odor was almost immediately destroyed, and a permanent cure was obtained in less than a month.—*Med. Herald*.

**CHARCOAL and Camphor in Chronic Ulcer**.—A mixture of equal parts of camphor and animal charcoal is recommended by Barbocci as an application to prevent the offensive odor and remove the pain of old excavated ulcers. The camphor acts as a disinfectant, and the charcoal absorbs and destroys the offensive odors.—*British Med. Jour.*

**COMBINATION of Antiseptic Substances**.—Certain of the antiseptics cannot be applied to all the tissues at a degree of concentration sufficient to produce their antiseptic effects without danger, owing to the fact that they are caustic or otherwise poisonous. For instance, a solution of bichloride of mercury of one to thirty thousand cannot be used upon the pulmonary parenchyma.

M. Lépine has been experimenting to get a solution that would be harmless, and at the same time unite and augment the effects of the different antiseptic substances. He gives the following in solution in distilled water:

- One-hundred-thousandth part of corrosive sublimate.
- One-thousandth part of salicylic acid.
- One-thousandth part of carbolic acid.
- One-half-thousandth part of benzoic acid.
- One-half thousandth part of chloride of lime.
- One-ten-thousandth part of bromine.
- One-two-thousandth part of hydrobromic acid of quinine.
- One-two thousandth part of chloroform.

This composition is not at all irritating, and it has the very strongest kind of antiseptic properties, seeming to act with the full force of each ingredient.—*Phil. Med. Times*.

*OIL of Turpentine in Painful Intestinal Affections in Children.*—Dr. Bedford Brown says that the oil of turpentine has a very soothing action on the irritated and inflamed mucous membrane, and checks the rapid exfoliation of epithelium which goes on during the inflammatory process. It is not only sedative in its action, but also acts as an antiferment, deodorant and styptic. He recommends it in the dyspepsia of young children brought up by hand, accompanied with severe pain with either constipation or diarrhœa. It is useful also in enteritis, dysentery, and intestinal catarrh. He recommends that it be combined with belladonna and alkali, or with simple peppermint. Dose for a child of one year 2 minims.—*Jour. Am. Med. Ass'n.*

*PNEUMONIA.*—Prof. Weichselbaum, in a recent Journal, communicated the results of his experiments upon the etiology of pneumonia. The following is a brief summary:—

1. The bacteria found in the different forms of inflammation of the lungs must be looked upon as the cause. This conclusion he considers to be perfectly justified, because in acute inflammation of the lungs constantly well-characterized kinds of micro-organisms are to be observed, most numerous and capable of the greatest resistance in the earliest stages. Also, because they can be isolated and cultivated; and when animals are inoculated with the cultures, processes are produced which, in the main, correspond with the inflammation in the lungs of man.

2. The present classification into lobar and lobular pneumonia has, without doubt, an anatomical but not an etiological foundation, for the same bacteria may produce in one man a lobar and in another a lobular pneumonia.

3. The *Diplococcus pneumoniae* can be considered the most frequent cause of inflammation of the lungs, especially of croupous pneumonia; whereas the bacillus of Friedländer is rarely the exciting agent. In 129 cases this bacillus was found but nine times, and then twice in combination with other bacteria. He is of the opinion that a cold in itself is not capable of producing pneumonia, but suggests that the cold, combined with other factors which cause a disturbance of circulation in the lungs, may create a favorable nidus for the development and propagation of the specific pneumonic virus.

*TRANSMISSION of Hydrophobia by the Intensive Method.*—In connection with the charge of M. Peter, before the French Academy, that the death of the man Réveillac was very likely due to hydrophobia caused by Pasteur's "intensive inoculations," it is not amiss to quote some of the conclusions arrived at by Professor von Frich, of Vienna, as the result of laboratory experiments with the virus of rabies obtained from M. Pasteur for that purpose. Among other conclusions reached von Frich states the following: (*Lancet, Vienna Correspondent.*)

1. Animals which have been subjected to hypodermic injections of a series of virus attenuated by desiccation become refractory to the stronger virus by the previous inoculations with the weaker virus if the stronger virus have not been used in too rapid succession. 2.

Animals which have been inoculated hypodermically during ten days with virus of progressive virulence (medulla from ten days to one day) have not been refractory to infection with the fresh virus of street rabies, and have only exceptionally escaped after intra-cranial infection. 3. Rabbits and dogs inoculated by trephining with the virus of street rabies of sixteen days' incubation have always succumbed, notwithstanding the preventive treatment already described. 4. M. Pasteur attributed to the method of slow vaccinations the unsatisfactory results obtained previously by M. von Frich, and recommended a more intensive mode of treatment. The experiments carried out conformably to M. Pasteur's instructions have given no more favorable result; all the animals died of rabies. 5. The experiments have demonstrated a most important fact—that is, that in the rapid process the weaker preservative medullæ do not confer the same certainty of immunity from the effects of inoculation with the stronger medullæ. Of a series of dogs and rabbits inoculated as a control-experiment to that described in the preceding paragraph, and in which the rapid process was carried out without previous infection, most of the animals died of rabies. 6. Most of the animals which were submitted to the preventive treatment after subcutaneous inoculation with street rabies, died of the disease even when the period of incubation was thirty-four days. These experiments show, says M. von Frich, that Pasteur's method of rendering animals refractory to rabies is not yet either sure or certain. There is not yet a sufficient scientific basis for the application in man of a preventive treatment after the bite of a rabid animal. It is, moreover, quite possible that the preventive treatment, at any rate the intensive method recently recommended by M. Pasteur, may itself transmit the disease.—*Boston Med. and Surg. Journal*.

Cod Liver Oil is not a new remedy, but has been steadily growing in demand for a number of years. It is certainly very useful in restoring wasting tissue, and in cases of scrofulous children it acts almost as a specific. Scott & Bowne, manufacturing chemists of New York, made a specialty of producing an emulsion of Cod Liver Oil with hypophosphites. Their great care in selecting the oil and in making the combination is evident by the high therapeutical value set upon the emulsion by the profession.

There is no question but that small repeated doses of aconite, belladonna, etc., are much better than the old prescribed doses of from five to ten and even twenty drops. So, too, with aloes, calomel, etc. For diseases of the rectum, piles, congestion, etc., ten grains aloes triturated well with 990 of sac. alb., and given in two or three grain doses, frequently repeated, always gives relief for me; and even the third decimal trituration, which is one grain to 999, given in five grain doses, is equally satisfactory. So, too, with calomel, though instead of using parvules I use triturations, ten to ninety, and give one grain, that is, one-tenth grain calomel every hour till three or four doses are taken. It acts well and most satisfactory to administer to children. If the

calomel-chloride is converted very sparingly into the bichloride by the hydrochloric acid of the stomach, and becomes a soluble salt before it produces any effect. One-tenth grain is ample to administer at once.—*Med. Summary.*

*COCAINE for Earache.*—Cocaine, in 2 per cent. solution, dropped on the ear, has the credit of being almost instantaneous in stopping earache. The application may need repeating in an hour or two when the case is severe.—*Med. Summary.*

The second (February) number of *Scribner's Magazine* is a marked advance upon the initial number and places it in the front rank of American magazines. It opens with an article of general and scholarly interest, entitled, "The Likenesses of Julius Cæsar," by Mr. John C. Ropes, which is handsomely illustrated with eighteen portraits, reproductions of photographs of statues. These photographs are from the absolutely unique and complete collection of the likenesses of Cæsar owned by Mr. Ropes. The second instalment of ex-Minister Washburne's "Reminiscences of the Siege of Paris," is even more interesting than the first, as it deals with the most exciting incidents of the siege. Another interesting and valuable article is that upon "Our Naval Policy," by Prof. J. R. Soley. In fiction this number is particularly strong, the continued and the short stories being superior to the average magazine story. If the future shall show as much improvement as has been apparent in the numbers already issued, the new *Scribner's* must become a formidable rival to the older magazines.

*THE REVOLUTION IN MEDICINE.* Being the Seventh Hahnemannian Oration, delivered October 5, 1886, at the London Homœopathic Hospital. By J. S. CLARKE, M.D. London: Keene & Ashwell; New York: Boericke & Tafel.

This little volume sets forth in brief the therapeutic darkness existing before the discovery of the homœopathic law of cure, and the dawn of the more beneficent system of medicine, with an account of the early life of Hahnemann and of the trials incident and persecutions incident upon the promulgation of the new therapeutic method.

*THE PRESCRIBER: A Dictionary of the New Therapeutics.* By JOHN H. CLARKE, M.D., Edin. Second Edition, enlarged and revised. London: Keene & Ashwell; New York: Boericke & Tafel.

One of the greatest difficulties with which the student of homœopathy has to contend is that of mastering the *materia medica*, a difficulty that many never entirely overcome. Long study and much experience in the use of the homœopathic medicines will eventually fix in the mind a more or less perfect picture of the different remedies; but the fitting together of the remedy and the disease to obtain the *simillimum* is often as difficult as the fitting together of a Chinese puzzle, hence the various attempts to overcome the laboriousness of the task by the aid of key-notes, characteristic symptoms, therapeutic hints, etc., all of which admirably fulfil their purpose, but nevertheless still serve to



confound the novice in homœopathy with an embarrassment of riches. To all such this little volume of Dr. Clarke will prove a veritable boon, for it was to meet just such a difficulty, a difficulty which the author had experienced himself, that the book was written. It gives compactly under the headings of the different diseases or conditions the medicines most commonly indicated in such condition, with the guiding symptoms. To the experienced homœopathic practitioner such a work will present but slight claims for attention, but to the student, and the practitioner of other schools, who desires to honestly test homœopathy, it will prove invaluable.

*AMMONIA Applications in Malignant Pustule*.—Dr. Leonidas Avendaño, of Peru, who has previously written (*The Lancet*) in favor of the local treatment of anthrax by ammonia, now publishes in a Lima medical journal an account of a recent case of undoubted malignant pustule, in which he successfully adopted this treatment. The patient was a married woman, aged thirty-four, who two days after being stung by some insect in the forearm, began to experience the symptoms of acute inflammation in the spot. Thinking an ordinary boil was forming, she applied poultices. The next day, when seen by the writer, the pulse was 105; there was a great deal of œdema and redness about the arm, and there was a papule, which was blackish at the centre and surmounted by a circle of vesicles. The etiology, the rapid development, and the local symptoms, all pointed to the malignant nature of the case. A crucial incision was made, and a brush saturated with the ordinary solution of ammonia was applied to the cut surfaces. An acetate of ammonia and aconite mixture was ordered, and in a few days the patient was well. Dr. Avendaño thinks that other caustics which have been employed in anthrax—as nitric acid, chloride of antimony and Vienna paste—only partially and incompletely destroy the bacillus anthracis, but that ammonia has a much more powerful effect. This makes the fifth case in which he has seen remarkably successful results follow its employment.

*REPORT of Progress in Orthopædic Surgery.* By E. H. BRADFORD, M.D., and R. W. LOVETT, M.D.—*Flat Foot*.—Humphreys\* contributes a paper upon the "Mechanism and Pathological Condition in acquired Flat-Foot." The astragalus is the key-stone of the arch of the foot, the posterior pillar the os calcis; the anterior is formed by the scaphoid, cuneiforms, and the three inner metatarsals. The anterior pillar is, by its structure, more elastic and weaker, because it contains the astralago-scap-hoid joint. This joint, in addition to its ligaments, is strengthened by the tendons of the tibialis posticus and peronei muscles. Now, in long standing, the muscles become fatigued, fail to afford the necessary support to this joint, the ligaments stretch, in time, and an extension of this astralago-scap-hoid joint takes place. In consequence of this altered relation of the pillars of the arch, the astralagus is changed in position, and, by

\* *Lancet*, 1886, I. 329.



virtue of its shape, it rotates inward, so that it falls inside of the plane of action of the tendo-achillis and the foot is thereby weakened, and the muscles whose function it is to raise the ankle and heel on the fulcrum of the ball of the foot can not do so. "It is a persistent over-extended and incurved condition of the chief joint of the tarsus." Moreover, the muscles on the tibial and flexor side of the foot become relaxed and enfeebled, and fail to afford the proper support, and, therefore, the extensors and peronei not being extended and used, become irritable and contracted, and add to the discomfort.

*Flat-Foot Treated by Ogston's Method.*—Franks and Stokes\* report cases treated by astragaloid osteotomy. Franks performed Ogston's operation, refreshing of the astragalo-scapoid articulation, and nailing the bones in a corrected position, and some stiffness in gait followed, perhaps on account of the fixed gypsum bandage, which was worn for four months. Stokes considers Ogston's operation too severe, and prefers moving a wedge from the inner side of the neck of the astragalus, thus avoiding an ankylosis at the Chopart's articulation. The case was a successful one.

*Knee-Joint Disease.*—Dr. Judson† comes forward with a new and very simple splint for the treatment of tumor albus in children. After insisting on the importance of absolute rest in this disease, he proceeds to describe his new splint, which consists of a strip of malleable iron, about an inch wide, which runs the length of the leg and thigh in the middle line behind, being somewhat longer than the ordinary ham-splint. At the top and bottom of this, and at two equidistant points, are riveted semi-circle steel bands, transversely bent, to fit the leg and thigh. It is, in fact, a skeleton ham-splint. It is bent to fit the outline of the leg, and secured by straps and buckles. Dr. Judson claims that a plaster or ham-splint holds the femur as if it were imbedded in a mass of jelly, and, therefore, fails to afford definite support, while in this splint the transverse steel arms approach much more nearly to the bone, and therefore holds it more firmly. The apparatus is very inexpensive, and could be made by any blacksmith.

Clutton‡ describes a bilateral chronic synovitis occurring in children from eight to fifteen years old, which affects only the knees, and is clearly syphilitic in origin. He has seen and recorded eleven cases of this sort, in all of which the condition of the patients was such that there was no doubt of the existence of constitutional syphilis. The synovitis is painless, does not give rise to muscular spasm, and the affection is extremely chronic. It does not tend to go on to destructive changes, but it is, nevertheless, not very amenable to constitutional treatment.

*Loose Cartilage.*—Poulet and Valliard§ have endeavored, in a long series of pathological and experimental investigations, to learn under

\* *Trans. of the Acad. of Med. of Ireland*, 1885.

† *N. Y. Medical Journal*, 1886, 43, p. 623.

‡ *Lancet*, 1886, I., 391.

§ *Centralblatt f. Chirurgie*, September 18, 1886, p. 642.

what conditions loose cartilages are most frequently developed. They report that a foreign bony or cartilaginous substance in the joint is developed out of bone corpuscular elements, and originates either from traumatic causes, peri-articular osteophytes, from loosened fragments of the joint cartilage or separated pieces of fragments from the ends of the joints. Dry or deforming arthritis shows the most favorable condition for the development of loose cartilage, and should be regarded as a symptom of the disease. Beside this most frequent form of dry arthritis, there is also a variety seen chiefly in youth, attacking only one joint, and only at one point of this joint. A peculiar affection of an insidious course, which is otherwise little known, exists, and is active in separating pieces of cartilage from the ends of the joints. In such cases, the resulting foreign substance is held in a depressed symmetrical spot in each of the bones, forming the joint. Every bony, foreign body may undergo changes in shape and structure, differing as the body may be free or pedunculated. The latter are inclined to a fibrous change, while the free bodies may undergo a cartilaginous change on the periphery, so that a substance originally bony may become partly cartilaginous, and further, this cartilage may proliferate.

*A Case of Old Dislocation of the Knee Backward.\**—Karewski reports a most unusual case of this rare deformity. A woman thirty-two years old, presented herself with an old deformity of the knee, resulting from a severe injury received when sixteen years of age. A complete dislocation of the knee-joint had taken place backward which from the presence and size of a scar, it was evident that the dislocation had been a compound one. The condyles of the femur were remarkably prominent in front, covered by a cushion of fat on the under-joint surface. The patella is dislocated downwards. The edge of the tibia projects backwards, and in a measure the upper-joint surface can be felt.

Motion at the joint was perfect and the woman had been able to earn a livelihood as a serving-maid. Some arrest of growth of the tibia had been caused by the accident. The affected tibia was 3 cm. shorter than the other, in addition to the shortening due to the luxation. According to the history the patient had remained several months in bed after the accident and gradually learned to walk without using crutches. She complained of lateral laxity of the joint, and suffered from one attack of hydrops articuli in consequence.

*Lateral Curvature.*—Landerer considers that scoliosis is to be regarded as a deformity resulting from superincumbent weight, as genu valgum is, and that all treatment shall be based on that fact. The chief factor in determining the attitude is the muscular system. In a new-born child the spinal column is straight, if the child is made to sit up, the head and spine bends forward, and a total kyphosis is presented; if, however, the child is held sideways the spinal column with the head falls side-ways and a single lateral curve involving the whole spine is presented. In a child, when it becomes necessary to hold the head erect, in a similar position a double curve S-shaped

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\* *Deutsche Zeitschrift f. Chirurgie*, Bd. xxxiii., p. 535.

would present itself, the force causing the upper curve being the muscular system. Heavy superincumbent weight alone is not sufficient to cause a lateral curvature if the muscular system is strong enough to hold the spine in a vertical position.

The spine in beginning lateral curvature is usually quite flexible and the erect position is to be maintained chiefly by strength of the muscles. Massage, the writer claims to be a ready means of developing the muscular strength. As a new exercise the writer advises that in suitable cases the patient carry a basket upon the head for five or ten minutes daily, steadying the basket with the hand of the depressed shoulder.†

*CASE of Pyometra.* By FANCOURT BARNES, M.D., British Gynecological Society.—M., aged 36, married eleven years, one child nine years ago, was admitted into the Chelsea Hospital for Women, April 8, 1884. Her history was as follows:—Her labor was a difficult one; she was delivered of a dead child by craniotomy, and was laid up for a long time afterwards. She was sent to me by Dr. Delépine, of Camberwell. On admission there was found to be a rounded tumor, apparently uterine, which rose in the abdomen one inch above the umbilicus. It was elastic and very tender to the touch. She had menstruated regularly until two years ago, when menstruation became irregular for six months and finally ceased. At the time of admission she had not menstruated for eighteen months. There was pain, however, recurring regularly each month. On attempting a vaginal examination it was found that the vagina was completely occluded from the vulva upwards. On April 10 I therefore dissected up the occluded vagina to a distance of two and a half inches, when the uterus was reached and eighteen ounces of thick yellow pus escaped in a full stream. The vagina was then allowed to collapse, so that the pus which remained in the uterus might gradually ooze away. She passed a good night, the temperature next morning being  $101^{\circ}$ . The vagina was syringed daily with a carbolic solution. During the first three weeks after the operation, the temperature varied from  $100^{\circ}$  to  $103^{\circ}$ . The vagina was prevented from closing again by frequent digital examinations. She left the hospital on August 30, cured. I have not been able to find any similar case recorded. There had evidently been a cicatricial closure of the vagina from the vulva to within half an inch of the os uteri, the sound passing the normal length. Succeeding menstrual periods gradually filled the uterine cavity, which became distended with the retained blood. The hæmatometra thus created ended in suppuration. The cases usually described under the title of pyometra are those in which there is a free opening to the vulva. When the patient was admitted into the hospital she was in a state of septicæmia with emaciation, and evidently had not long to live.

Dr. Mansell-Moullin thought the case related by Dr. Fancourt Barnes was unique. There were one or two points, however, on which he wished to have further details. He was hardly prepared to accept Dr. F. Barnes's explanation. Hæmatometra under such circumstances was

† *Deutsche Zeitschrift f. Chir.* Bd., xxiii., p. 557.

rare ; it usually occurred in cases where the occlusion was congenital or had taken place from injury prior to the advent of menstruation. When the injury took place subsequently to that period, the menses generally managed to maintain a passage for their escape, however minute it might be. The tarry fluid found in the uterus in cases of retention would scarcely have disappeared completely and given place to the pus which was evacuated at the time of the operation. Absence of menstruation was easily explained by the exhausted condition of the patient. He supposed that after making a way through the great depth of cicatricial tissue Dr. Barnes did not experience any difficulty in determining the cervix and upper part of the vagina.

Dr. Bantock said the case narrated by Dr. Fancourt Barnes reminded him of the case of a married but sterile woman who came under his care some years ago in the out-patient department of the Samaritan Free Hospital. The vagina was not more than an inch in length, and terminated in a minute opening just capable of admitting a fine surgical probe. On dilating this opening by means of tangle tents, he found a collection of muco-pus in the upper part of the vagina. The case was cured by bilateral division followed by continuous dilatation. The difference between the two cases was, that while there was only incomplete atresia in his case with partial accumulation not sufficient to distend the uterus, in the case under discussion these conditions were complete. In another case, which was one of true pyometra, occurring in a married woman who had had three pregnancies terminating respectively at eight, six, and five months, there was great contraction of the cervical canal, and in dilating it quite an ounce of pus escaped. In this case the canal was kept open by means of a strip of lint saturated with glycerine, and within eighteen months the patient had another child at full time. In the impression which he had formed of the case from the title of the paper he was a little disappointed to find that the case was not, as he understood it, a case of pure pyometra, for he regarded a case of pyometra as one in which the pus was wholly contained in the uterus. Such a case was that of a lady upon whom he had operated about two months ago on account of ovarian and tubal disease. On one occasion a few years ago she had passed from the uterine cavity a pint at least of the most horribly offensive purulent matter. At the time of the operation the chief symptom was menorrhagia, and the uterus was considerably enlarged.

Dr. Walter had listened with much pleasure to the account of Dr. Fancourt Barnes's interesting and rare case of pyometra, and failed to see any reason why an objection to the term pyometra should be raised in this particular case. Even supposing it were true that pus first accumulated in the vagina and subsequently filled the uterus, it would simply be a parallel condition to what occurred in retained menses from imperforate hymen, when the fluid first accumulating in the vagina afterwards distended the uterus into a hæmotometra, and it made no difference whether the hæmatometra or the hæmatocolpos occurred first ; so long as the uterus was distended with blood it was a hæmatometra, or if with pus a pyometra. If it so happened that the vagina also contained an accumulation of pus, we had a pyocolpos in addition to the pyometra.

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"The philosopher should be a man willing to listen to every suggestion, but determined to judge for himself. He should not be biased by appearances. Have no favorite hypothesis. Be of no school, and in doctrine have no master. He should not be a respecter of persons, but of things. Truth should be his primary object. If to these qualities be added industry, he may, indeed, hope to walk within the veil of the temple of nature." If in the place of philosopher in the above quotation from the *Life of Faraday*, by Bence Jones, we were to substitute the word physician, is there a better description extant of what the physician should be?

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*Sic transit gloria mundi.* The glamour which was over the Pasteurian, antirabic inoculation theory, has, beneath the white light of inexorable truth, dissolved away, leaving exposed the fallacy of the entire assumption, which seems to have had no more solid basis than "the unsubstantial fabric that dreams are made of"; and M. Pasteur, who but a few weeks ago was posing for the admiration of the world as *le grand Français*, is now receiving more buffets than praise.

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The rise and fall of the Pasteurian theory, is an apt illustration of the insatiable desire for novelty which pervades the universe, and from which, unfortunately, even the medical world is not exempt. The surest passport to medical fame to-day is the invention of a new operation, or at least of a new pessary. Hence when the inoculation theory was announced with such a flourish of trumpets and beating of drums, it was accepted at once as *un fait accompli*, and as the dawn of the millennium, in spite of the fact that rabies, although extremely fatal, is one of the most infrequent diseases to which man is subject.

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The actual facts regarding the Pasteurian hypothesis are extremely difficult to obtain, as from the charges made by its opponents, it appears that M. Pasteur has deliberately misrepresented and suppressed facts which do not favor the efficacy of the antirabic inoculations. The



editor in chief of the *Journal de Medicine de Paris*, charges that the facts in the case of the death of a child from rabies, after having been pronounced cured by M. Pasteur, were suppressed, and that M. Grancher, who is called "Pasteur's right hand," wrote to the physicians who attended the child begging them not to report the death, as it might possibly have been caused by meningitis. The majority of the so called cures made by Pasteur, have been of persons who were never in any danger from the disease, and the proportion of deaths in those treated by inoculation with the virus has been as large as among those who were not so treated. The statistics of hydrophobia in France for the past year are given as follows: Up to November 1st, 1886, the number of persons dying from hydrophobia assisted by the Pasteurian treatment, fourteen; persons dying without the assistance of Pasteurian treatment, seventeen. Total thirty-one. The annual average heretofore has been twenty-seven.

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The reports of cases of persons who having been bitten by rabid animals, have been treated at the Pasteurian Institutes, cured, and afterwards died from rabies, continue to multiply. Thus a coachman at Versailles, aged thirty-four years, was bitten by a rabid dog last August; his horse and pet dog having been bitten at the same time. Treated by M. Pasteur, the coachman died of hydrophobia in the latter part of September. The horse and dog, bitten at the same time as their unfortunate owner, were not treated by Pasteurian virus and had, up to the time of writing, shown no symptoms of the disease. From Russia the same reports come, where Dr. Kessler of St. Petersburg reports a case of a child submitted to Pasteurian treatment. The infant, aged four years, was bitten by a mad dog on July 4th, 1886, sent to the Pasteurian Institute at Odessa for treatment. She returned home on July 21st, having been subject to ten inoculations; on August 12th symptoms of hydrophobia were manifest, and the child died two days later. The Russian journal *La Medicine* reports the following. In the month of July last a mad dog bit four persons—two peasants and two young ladies. The two peasants were sent to the Pasteurian Institute at Odessa, where they were subjected to the regular course of treatment with the attenuated and exhausted virus. The parents of the two young ladies had their wounds cauterized and refused to accept Pasteur's treatment. As a result, one of the peasants who submitted to the prophylactic treatment of Pasteur died of hydrophobia and the two young ladies, who remained at home, are still, after a lapse of five months, in perfect health. Roumania too asks why a Roumanian who submitted to the classical inoculations on the Rue d'Ulm, and quitted Paris cured, should, on the same evening, have returned to the Hospital de Hotel Dieu, raging with an attack of hydrophobia? Who can answer?



In a recent number of the *Gazette Medicale de Paris*, M. Albert Robin laid down the following propositions upon which he proposes to base a new therapeutic treatment of fever. I. The elevation of febrile temperature does not depend on an increase of organic oxydations. II. During fever there is retention in the organism of but slightly soluble waste, eliminable with difficulty, and generally toxic. III. Organic disintegration is very much increased during fever.

Our knowledge regarding nutrition in pyrexia, M. Robin thinks, warrants us in believing that oxydation is not the exclusive source of animal heat and febrile pyrexia, and that disassimilation is accomplished by successive acts, of which the first are hydrations and chemical combinations, which give rise to products which are only secondarily overcome by oxydation, and that animal heat results from the ensemble of all these reactions. The aim of therapeutics should therefore be to regulate organic disintegration and thus favor oxydations so that the products of tissue waste, having undergone more perfect evolution may readily be eliminated.

The therapeutic indications in fever, as based upon the foregoing propositions, are therefore: I. To eliminate from the treatment of fever, and particularly typhoid fever, all measures and medicines which retard oxydation. II. To favor in every way possible, the organic oxydations which will diminish the formation of extractives, of ptomanes and leucomanes, and which at the same time attacking those already formed, will assist in their elimination, that is to say, which will render them more soluble and less toxic. As remedies to be used to attain the first of these indications (in which we, as believers in the homœopathic law of cure, are not so much interested as in the second, which is largely hygienic); M. Robin has found that sulphate of quinine when given in small or broken doses retards disintegration without diminishing oxydation; while in large doses it lessens oxydation and the absorption of oxygen at the same time. Antipyrin diminishes nitrogenous disintegration, but at the same time diminishes still more the oxydation of disintegrated nitrogenous matter. It increases the amount of uric acid and diminishes that of urea; in other words, while it increases the amount of less soluble and not easily eliminated waste material, it lessens the quantity of the active agent of its removal. The second indication is to be attained, first, hygienically, by maintaining in the air to be respired by the patient a sufficient supply of oxygen, and by keeping the respiratory apparatus, through which the oxygen finds entrance to the organism, in as perfect a state as possible, and by stimulating the nervous system, which exercises a direct influence upon oxydation. Cold sponging and baths are commended as increasing the coefficient of oxy-

dition, and regulating the proportion between the phosphoric acid and the urinary nitrogen. Medicinally, by choosing among the different drugs those which cause increased oxydation. Of these the chlorine salts, while they furnish some oxygen to the system, must, for this purpose, be given in such large doses as to be, of themselves, toxic. The iodine and bromine salts are more easily reduced than those of chlorine, but the question of their toxic action on the red blood globules has not yet been solved. Among the drugs which favor the absorption of, or set free, oxygen, are alcohol, in small doses, common salt, the alkalies, the salts of organic acids and the free ingestion of liquids. The vital point of the article is its bearing upon the prevailing therapeutic treatment of fevers, and in its confirmation, based upon the pathology of the febrile state, of the value (long apparent to physicians) of hygienic measures, and the beneficent effects of small doses of alcohol, and the free use of water, internally and externally, in the treatment of fevers, more especially typhoid fever.

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#### EUCALYPTUS IN TYPHOID FEVER.

*Edwin M. Hale*

CHICAGO.

WE cannot get along without the old remedies rhus and bryonia, or the new remedy baptisia; nor yet phosphoric and muriatic acids, arsenicum and terebinth, in typhoids. They have stood the test of experience, and we shall always find them useful.

This should not prevent us, however, from welcoming any new agent which will aid us in the treatment of this obstinate, and as yet unconquered malady. I use the word unconquered, because no drug has yet been found which will always, or often avert the progress of the disease once it has become seated in the organism.

Much has been claimed for baptisia, and I am one of the few who claim that in the incipient stage, *i.e.*, the stage of primary gastro-intestinal irritation, baptisia, if indicated, has the power of aborting the fever, I have used it for nearly twenty years, and believe I have frequently seen such favorable effects from its use.

For five years I have used eucalyptus globulus, and in its sphere I believe it to be superior to baptisia.

Baptisia appears to me to be indicated in that variety which is marked by bilious, gastric, and intestinal symptoms, due to peculiar climatic influences, and not to any specific miasm or germ. The fevers of

bryonia and rhus are due to some rheumatic or catarrhal influence in the atmosphere. Baptisia to those due to hepatic and catarrhal influences.

But when there is undoubted poisoning from water, of wells or streams, or sewerage, we find that arsenicum and eucalyptus are the best remedies. The reason lies in this, that not only are they our most powerful germicides (next to merc. corr.), but the fever they cause in the healthy body, closely simulates the typhoids from septic sources. We know that eucalyptol is one of the most potent germ destroyers known ; also that no other drug is superior in its power over diseased conditions of the mucous surfaces.

It is not restricted to any particular stage of typhoid or septic fever. It is useful in the incipient as well as in the advanced stage. It controls the high temperature better than any "antifebrile" remedy. Indeed, aconite, gelsemium, or verat. vir., are rarely useful in typhoids.

The principal symptoms indicating the use of eucalyptus, are weariness, sleeplessness, nervous erethism, vomiting, diarrhœa of watery, offensive and undigested matters, dull, heavy aching in the body and extremities, headache, dry mouth, offensive breath and sweat, in the *first* stages, and later on, signs of degeneration of the blood, hæmorrhages, ecchymoses and sordes, colliquitive diarrhœa, tympanites, and great prostration, even to collapse.

Eucalyptus appears to possess qualities similar to both arsenic and turpentine, and can be given alone, when both the latter remedies seem indicated but do not seem efficient. Some recent allopathic experience implies that it not only keeps the temperature down, but that it reduces the rate of mortality to a degree not hitherto attained.

In many cases, I have given no other drug from the beginning to the convalescence, and the duration of these cases was not over twenty-one days, and several cases ended on the fourteenth.

The usual dose used by me was the 1x dilution. In some cases, in the second and third weeks, I used 5 to 10 drops of the tincture. It is best to repeat the dose every 3 or 4 hours. Where tympanites and hæmorrhages were prominent, I got better results from the eucalyptol in 1 to 5 drops, and at the same time used enemata of eucalyptol in emulsion, with the happiest results. I usually have 3 i. of the oil beat up with the yolk of one egg. This is added to one pint each of milk and water, and thrown up into the bowels.

In that variety named by some writers typho-malarial fever eucalyptus will be found far more useful than china or quinine.

## DISEASE OF THE NEW-BORN.

BY M. H. VAN TINE, M. D., Brooklyn.

SOME of the diseases of new-born infants are easily traceable to the recently escaped perils of parturition. The fœtus after being subjected to severe and prolonged compression, is suddenly expelled into an atmosphere having a temperature some  $25^{\circ}$  or  $30^{\circ}$  lower than that of the uterine cavity.

The combined force of the uterine and abdominal muscles capable of being exerted during labor, has been estimated as equal to 42 pounds to the square inch. We do not suppose that this great power is necessary, or that it is utilized during labor, yet most practitioners have had enough palpable demonstration of the contractile force of the uterus, to endorse these figures. It is also evident that the demand upon the nervous energies of the mother is sufficient to exhaust her vitality and leave an impression upon the child's organism.

\* In speaking of jaundice, one of the diseases above referred to, Watson gives the following opinion: "The icterus neonatorum which occurs, they say, a few days after birth, is not attended with any suffering or obvious disturbance of the bodily functions, and soon disappears. Now, there seems reasons for supposing that this is not icterus at all, and has no relation to the biliary organs. The surface of the infant at its birth is frequently of a deep red, from hyperæmia or congestion of blood, presenting a condition which falls little short of a mild, but universal bruise. By degrees the redness fades as bruises fade, through shades of yellow into a genuine flesh color. Such, I am assured by those who are more conversant with these matters than myself, is the pathology of icterus infantum." Should any remedies be required, they should be chosen according to their homœopathic indications. Aconite is valuable in regulating the circulation, and quieting the nervous shock which the system receives in its change from intra-uterine life to independent existence. Arnica and hamamelis will relieve the sore, bruised feeling, which causes the child to shrink from being handled. Bryonia, if there is vomiting of food, together with dread of movement. Generally speaking, but little medicine is required; if the laws of health are observed, matters will come right without any interference.

The sanguinous tumor of the head—cephalœmatoma—is often the result of pressure and friction accompanying protracted cases of labor. Dr. Guernsey claims to have always been successful in curing these tumors in a few days, by the use of a single dose of calcarea carb. high. Hartman recommends arnica or rhus tox. 30. If there should result an ichorous discharge and caries of the bone, and prostration, the

same author prescribes china, and afterwards silica. Ecchymoses on the surface of the scalp are the result of contusion of the cranium in parturition. The application of a solution of arnica will promote absorption, and hasten their removal. One of the institutions of early infancy called by old ladies, "red gum," is a diffused eruption which makes its appearance simultaneously with the jaundice neonatorum. When not the manifestation of constitutional dyscrasia it is often due to overheating the system, the child being enveloped head and all, in layers of flannel, and burrowing most of the time in feather pillows, without being allowed a breath of air, for fear of "taking cold." The removal of the cause should be the first step taken in the direction of a remedy for the evil. A dose or two of sulphur 200 will usually be all the medicine required.

Some forms of cyanosis, such as are due to venous congestion, may have been induced by pressure upon the cord during child-birth. Where there is no organic disease, we shall find relief from aconite and bell. Tart. emet. has also proved efficacious where there was sinking of the vital powers. Strict attention to hygienic laws is of the utmost importance. Plenty of fresh air, cleanliness, together with good nutritious food, the mother's milk if available and of good quality, will prove of lasting benefit to the little sufferer.

The subject of maternal lactation does not seem to elicit that amount of consideration to which it is justly entitled. While it would appear to be not only a duty, but a privilege for a mother to nurse her own child, the most trivial reason is often sufficient to excuse her from the performance of that most sacred function. The number of nursing mothers is growing smaller every day. Some women are disqualified through ill-health ; of that number are those who suffer from stomatitis materna. When the disease proves intractable, it will be advisable to wean the child. Those nurses who have only a scanty supply for the infant may increase it by a generous diet, using no stimulants, but plenty of good milk, if acceptable to the palate, plenty of pure air, bathing, and moderate exercise. The deficiency should be supplied by feeding the child with some one of the excellent preparations now in use. There are some finely developed, matronly looking women having an abundant flow of milk, but of a poor watery quality ; the infant nurses often, but is never satisfied, and does not thrive. They should not wean the child, but feed it two or three times daily. Let them endeavor to improve the quality of the secretion by a course of diet and regimen calculated to increase its solid constituents. The use of beer, cocoa and other slops should be avoided.

It requires some heroism for a nervous young mother to persevere in

her first attempts at nursing her babe. The nipples may be retracted and tender, so that every time the child takes hold she suffers untold agony. She should be encouraged to persevere to the end, and every available means used for her relief. The writer advises washing the nipples in cold water two or three times daily during the last month of pregnancy ; also washing them after the child has nursed, and the child's mouth before and after nursing. Arnica internally and locally is good to allay the irritation. Graphites, sepia, silicia and sulphur, may any of them be useful if indicated. Nature has furnished the mother with the means of sustaining the young child during the first months of its mundane existence, and for none but the most powerful reasons should she be willing to forego one the most sacred rights of motherhood. As physicians we should use our influence to hold her steadfast to this trust, believing that its fulfilment will not only bring to her and her offspring greater physical health, but also into their home a higher, tenderer, purer moral atmosphere.

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#### PRACTICAL CASES WITH REMARKS.

BY S. LILIENTHAL, M. D., San Francisco, Cal.

AT the meeting of the Swiss Homœopathic Physicians, Dr. Siegrist of Basle, reported two cases of ulcers of the stomach in women. One lady, forty-five years old, was cured by phosphorus, the other, fifty-three years old, by arsenicum. Both patients suffered for years and vomited every thing after preceding cardialgic pains. The remedies were given in the thirtieth centesimal potency, a dose every three hours and caused the most severe and continuous pains which decreased when the medicine was stopped, but reappeared when the drugs were given again, although at lengthened intervals. Only a dose of *two* pillules in half a glass of water, half a teaspoonful mornings and evenings for nine days was well borne and gave decided relief ; in fact, it cured them, for they could digest henceforth every thing. Siegrist witnessed a similar aggravation from the thirtieth potency. A young man suffered from gastric catarrh with the swelling of the liver and took natrum sulph. and calc. sulph. on account of a yellowish coating of the tongue and bilious urine. After a few days severe vomiting, tenesmus, etc., set in, for which he received nux vom. 30. This caused vomiting of blood, streaked mucus, followed by lumps of blood, with great sensitiveness of the stomach to pressure or even slight touch, and nux vom. 30 in alternation with phosphorus 30 were prescribed. After the first dose of phosphorus the pains ceased and the patient felt nearly well for three days.



On the evening of the third day some gastralgia showed itself, followed by vomiting of mucus and milk. The following day blood reappeared in the vomited matter, he took in quick succession two doses of phosphorus, but a fearful aggravation followed, so that Dr. Siegrist was sent for, who in consideration of this aggravation gave him three globules of phosphorus 200 dry on the tongue, and in less than fifteen minutes patient was fast asleep and slept the whole night through. Since then no other medicine was necessary, and he can bear any pressure, and a hard spot which could be felt before, disappeared. Appetite good, urine of clear amber color.

Dr. Schaedler of Berne, witnessed aggravations from higher potencies and especially from phosphorus. A sewing girl, suffering from gastralgia and from hæmatemesis at the slightest provocation, took phosphorus 30, four granules every fourth day, and was cured in two days. Phosphorus given in short intervals and too often, is very apt to produce vomiting of blood.

Dr. Meshlin reports a case of *ulcus ventriculi*, where *silicea* cured. A young lady teacher suffering sometimes from gastralgia with vomiting of food and of blood, was fearfully emaciated and exhausted. *Silicea* 30 cent., one dose, which cured the case in about three weeks. The doctor considers *silicea* a powerful gastric remedy and insists upon a solitary dose of the thirtieth. In some cases his treatment consists : three powders, *silicea* 200, a powder dissolved in six spoonfuls of water, thrice daily a spoonful, and followed by placebos. When *silicea* is carelessly prescribed to women, he observed several times obstinate and severe retroperitoneal pains, with negative results from a thorough examination.

Dr. Mende of Zurich, on the contrary, gets splendid results from *silicea* 3 to 6, especially in neuralgias of the trigeminus, even in chronic cases, citing one case which had already lasted twelve years, and explains its action here on its influence on bones, and periosteum. It acts with less promptness in sciatica, where he prefers *mercur. cor.* 3—6, especially where the pains are worse at night and during rest.

Meichlin finds *silicea* indicated in *ischias* when the pain shoots through the extremity at the moment when the foot is raised free, when ascending stairs. The differential diagnosis between *ischias* and beginning *coxitis* is sometimes difficult, and in many rapid cures of *coxitis*, we suspect that it was only a neuralgia which indicated *colocynthis*, as there are cases where the muscles are rigid and where from the oblique portions of the pelvis a shortening of the extremity is simulated.—*Allg. Hom. Zeit.* 2, 2, 1886.

Small gifts thankfully received and large ones in proportion ! Thus

we feel grateful that we meet in glorious Switzerland Homœopathic Physicians who use the whole scale and who glory in their successes with the thirtieth and two hundredth, notwithstanding the edicts of the American and British national societies to whom the microscopical twelfth is the ultimatum. Really shortsightedness could not go much farther and liberty of action is thus reduced to a very small compass. We also thank our Swiss colleagues that they uphold the principle to let every drug exhaust its power without overwhelming the patient's vitality with repeated doses ; and thus put obstructions on the road to a cure. In fact the giving of these placebos is the necessary corollary to middle (30 and 200) and high potencies and to the action of a true simillimum. Low dilutions and frequent repetitions will be necessary as long as physicians care more for a pathological symptomatology than for a Homœopathic totality of symptoms. Let us have the whole scale, from the mother tincture to the highest potency, we need them all.

Can we learn any thing from such a meager report that Siegrist cured two case of ulcers of the stomach, one with arsenicum, one with phosphorus and another one is cured by silicea. The why and wherefore is neglected and we learn nothing from such a report which might aid us in the treatment of that disease.

*Raue* (3d edition, page 478) gives as symptoms of the round ulcer of the stomach : *pain*, exactly as in gastralgia, in the pit of stomach, *often extending to the spine*, and after eating, sometimes ceasing after vomiting of slimy, tough or watery, clear, tasteless or sour fluid, often containing blackish or brownish flakes, hæmatemesis. He gives us as indications for *arsenic*, vomiting of black decomposed blood ; *burning pain*, after eating or drinking ; gray-yellowish color of the face. Chlorotic patients, with anæmic murmurs in the large bloodvessels and scanty menses. (Both of Siegrist's patients were rather too old for chlorosis ; forty-three and fifty-three years hint rather more to a carcinomatous process, through both diseases have pain, coffee-ground emesis, hæmatemesis and epigastric tumors.) Phosphorus may be useful in the round ulcer with regurgitation of food by the mouthful without nausea ; regurgitation of cold drink as soon as it has become warm in the stomach, excessive acidity, flatulence, constipation. The symptoms of silicea for round ulcer are very indistinct.

The etiology of both diseases is still in the dark according to many good authorities, though, according to Virchow, the round ulcer is caused by hæmorrhagic erosions from occlusions of diseased arterial bloodvessels, thus injuring the nutrition of the mucous membrane on that spot, which becomes necrosed, and then softened and destroyed by corroding influence of the gastric juice. Some writers gave it therefore the name,

ulcus pepticum, and found it most frequently in debilitated, anæmic and chlorotic women. As long as nutrition holds out, the prognosis may be considered favorable, as autopsies have demonstrated that such ulcers may cicatrise and heal ; still the danger remains that such a cicatrix may in predisposed persons become the soil on which the carcinoma will develop. In cancer of the stomach emaciation is often the first symptom observed, soon followed by the well known cachectic skin, whereas in the ulcer nutrition and strength hold out longer and the patient seeks only medical advice on account of the hæmatemesis, which is a late symptom in cancer, denoting the breaking down of the tumor. Buchner in his essay on *Morbus Brightii* differentiates well between arsenicum and phosphorus ; the former being the representative of nutritive disturbances in the left heart, the latter of the same in the right (venous) heart with simultaneous or consequent alteration of the renal substance ; hence arsenicum produces arterial stagnation, a hypertrophy of the left heart, an expansion of the aorta, a hyperinotic bloodcrasis with tendency to hydræmia. Phosphorus on the contrary is the chief representative of albuminous exudation in the substance of the lungs, the presence of tuberculosis, also especially of diseases of the right heart or of the pulmonary artery or of both, distinguishing themselves principally by passive venous stagnations in the kidney, or eclampsia of *Morbus Brightii*, the differential is therefore easy, arsenic in symptoms of cerebral œdema, phosphorus in cerebral atrophy.

It ought not to be very difficult to choose between these two polycrests in gastric troubles, the mental symptoms differ, in arsenicum anguish and restlessness with great exhaustion ; intense burning sensation in the abdominal cavity ; vomiting of black water, of bile, of blood after eating or drinking ; of what has been drunk, it comes up immediately ; violent pains in stomach during vomiting ; burning in stomach, diarrhœa, vomiting and purging of the bowels at the same time, especially stool during and after eating.

In phosphorus, a very weak, empty, gone feeling in the whole abdominal cavity, sensation of heat in the back between the shoulder blades, vomiting as soon as the substance taken becomes warm in the stomach ; vomiting of blood and sour matter ; flatus up and down ; involuntary stools pouring away as from a hydrant, followed by great exhaustion ; morning diarrhœa ; hæmorrhage from the stomach, the blood being bright, better from drinking cold water.

Long continued ulceration and suppuration seems to be the cardinal indication for silicea and thus qualitative anæmia and exhaustion follows. In Meshlin's case we find the "walking skeleton" the hint, or as Dunham says, an unbending will never to give up as long as there is a

mite of strength left. We find under *silicea* the cachectic appearance, the burning throbbing in pit of stomach, which is sensitive to touch, and feeling of pressure after eating. Thenervous headache, the nervous exhaustion is the keynote for *silicea*.

Studying *materia medica* in this manner we learn that symptoms mean something, though their totality is paramount; still it needs the full knowledge of the individuality of the drug in order to select the *simillimum*. Superficially considered, a great many drugs may seem to be alike, but a closer acquaintance shows the differential points. Taking up different classes of remedies in such a manner, the study of our *materia medica* becomes a never failing source of pleasure. We learn the inwardness of the drug and how to apply it for pathological states similar to those produced by the drug in a healthy prover. Delve deep into the lore of *Homœopathic materia medica*, you'll never rue it.

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#### HEAT AS A THERAPEUTIC AGENT.

By B. F. UNDERWOOD, M. D., Brooklyn, N. Y.

*(Continued from page 51.)*

DRY heat includes hot air, rubber-bags or bottles filled with hot water, hot sand, etc. Air at a temperature of from 100 to 130 is a powerful stimulant and calefacient, but is less relaxing and soothing than moist vapor; when required to act as a sudorific a temperature of from 90 to 100 is found most advantageous. The hot air bath is principally valuable as a remedial agent when the blood has receded from the superficial parts of the body and the internal organs are in a state of congestion, as in some forms of fever, in plumbic, mercurial and paludal cachexia, and in spasmodic cholera. In asphyxia from drowning, and from some other causes, it is also highly useful. In sudden and alarming depression of the vital powers, with feebleness of the heart's action and coldness of the surface. "One of the most powerful of all cardiac stimulants is heat, and when the heart's action threatens to fail it may be frequently restored by warm fluids taken into the stomach, or by the application of an India-rubber bag, or bottle filled with hot water."—Brunton. It is also found useful in chronic rheumatism, stiffness of the joints, and in chronic skin diseases [especially dry and scaly eruptions]. Applied to the neck it proves beneficial in relieving stupor and coma, due to uræmia or narcotic drugs. It may be used to advantage in the treatment of poisoning from chloral or the metallic poisons. In neuralgia of the larger nerves, dry heat is palliative. In irritable spine, the so called spinal irritation, dry heat is an efficient remedy. Bottles or

bags filled with hot water may be applied to the feet to excite the circulation and augment the animal heat in various diseases attended with cold extremities. Heat to the abdomen also tends to produce sleep. Applied to the abdomen and other parts of the body it also relieves pain in pneumonia, pleuritis, peritonitis, etc. Hot sand may also be used in the form of a bath, as is the custom in the maritime departments of the south of France. A species of sand bath was in ancient use, where the body was buried in the sand and exposed to the sun. A sand bath operates as a stimulant and sudorific, and is employed in rheumatism, spasms, paralysis, etc.

The actual cautery is so well known as to require no comment.

Moist heat.—In the form of warm fomentations moist heat produces similar results to the local application of dry heat, and is employed to relieve inflammation, pain, tension and spasm. In inflammation of the abdominal and pelvic viscera and in strangury, they are highly serviceable. Warm water in the form of fomentations repeatedly changing the flannels, and exposing the skin as little as possible, are used with advantage in the treatment of burns and scalds, particularly with children. In diphtheria, hot fomentations to the throat are used with good effect in promoting the suppuration and separation of the membrane. In croup, hot applications to the throat are useful in allaying the spasmodic action and assisting the loosening of the membrane. In pneumonia and pleurisy, the pain is alleviated and resolution promoted by the aid of hot applications. Regarding the use of heat in pleurisy, Hippocrates says in *Regimen in Acute Diseases* : "Where pain seizes the side either at the commencement or at a later stage, it will not be improper to try to dissolve the pain by hot applications. Of hot applications the most powerful is hot water in a bottle, bladder or brazen vessel, or in any earthen one, but one must first apply something soft to the side to prevent pain. A soft, large sponge, squeezed out of hot water and applied, forms a good application ; but it should be covered up above, for thus the heat will remain the longer, and at the same time the vapor will be prevented from being carried up to the patient's breath, unless when this is thought of use, for sometimes it is the case. And further, barley or tares may be infused and boiled in diluted vinegar, stronger than it could be drunk, and may then be sewed into bladders and applied ; and one may use bran in like manner. Salt, or toasted millet in woolen bags are excellent for forming a dry fomentation, for millet is light and soothing." He also recommends the use of the hot douche in preference to the hot bath, and in his writings on Epidemics, he speaks of hot affusions to the head.

The relaxing influence of heat upon the living tissues, renders it



available in the treatment of spasmodic diseases, in the reduction of dislocations, and in the application of taxis in hernia.

As aqueous vapor, like air, is a worse conductor of heat than water, the temperature of the vapor bath must always exceed the water bath. If the whole body is exposed to the air or vapor, as in the Turkish or Russian bath, where the vapor is also inhaled, the temperature must be somewhat less than if only a portion of the body is exposed. In the former case, the temperature should not exceed 110 to 120, in the latter from 130 to 160. The general effects of the vapor bath are those of a powerful stimulant and sudorific. It softens and relaxes the cutaneous tissue, expands the superficial vessels, accelerates the circulation of the blood, augments the frequency of the pulse, and respiration, and produces copious perspiration. The vapor bath differs from the hot air bath, by its soothing, relaxing and greater sudorific tendencies; from the hot water bath, by its greater sudorific influence and by causing scarcely any superficial compression of the body.

The vapor and hot air bath may be employed when the blood has receded from superficial parts, and congestions of internal organs has in consequence occurred, as during the cold stage of intermittent fever, in malignant cholera, and during the stage of chilliness which ushers in various febrile complaints. Its greatest value is to relax the skin and to produce profuse sweating. Thus in chronic rheumatism, and gout, in slight colds from checked perspiration, and in chronic skin diseases with a dry state of the cutaneous surface, it often proves highly beneficial.

In old paralytic cases, unaccompanied with signs of vascular excitement of the brain, it sometimes gives relief. In some uterine affections, as chlorosis, amenorrhœa, uterine irritation, in dropsy of debilitated subjects; and in old liver complaints; and in some scrofulous affections, the vapor bath is occasionally employed with advantage.

The inhalation of warm aqueous vapor is serviceable as an emollient remedy, in irritation of the tonsils, or of the membrane lining the larynx, trachea or bronchial tubes, in diphtheria and croup.

Hot water augments the temperature, volume and redness of living parts, relaxes the tissues, and increases the vital actions. The tepid bath, 85 to 90, cleanses the skin, promotes perspiration, and allays thirst. With a tendency to apoplexy, simultaneous immersion in the tepid bath with cold affusions to the head has been recommended. The warm bath, 92 to 98, renders the pulse fuller and more frequent, accelerates respiration and augments perspiration. It causes languor, diminution of muscular power, faintness, and a tendency to sleep. As a relaxant, it is employed to assist reduction in dislocations of the larger joints, and in hernia.



In spasms, infantile convulsions, croup, etc. In [the passage of calculi, urinary or biliary, it is used to the greatest advantage ; it relaxes the ducts, and thereby alleviates the pain and facilitates the passage of the concretion. In gastritis, enteritis, cystitis and nephritis, it proves a valuable and powerful agent. In exanthematous diseases, where the eruption has receded from the skin, in chronic cutaneous diseases where the eruption has receded from the skin, in rheumatism and dysmenorrhœa, it is highly serviceable. The hip bath is resorted to in inflammatory or spasmodic affections of the abdominal and pelvic viscera, and in amenorrhœa and dysmenorrhœa. It is also sometimes employed as a substitute for the general bath, where some affection of the lungs, heart, or other great vessel prohibits the use of the latter. The bidet is employed in baths, prolapsed rectum, strangury and ischuria. The foot bath, 98 to 112, renders the pulse fuller and stronger, accelerates respiration. The foot bath is used as a revulsive or counter irritant in slight colds, to promote the menstrual and hemorrhoidal discharges, in œdema of the extremities from defective circulation, and for various topical purposes. The hot bath, 98 to 112, renders the pulse fuller and stronger, accelerates respiration, occasions intense redness of the skin, and subsequently copious perspiration. It gives rise to violent throbbing and a sense of distension to the vessels of the head, with a feeling of suffocation and anxiety. It is principally used in paralysis, rheumatism, and chronic diseases. "Dr. Charles Hunter, of Philadelphia, has very successfully used the hot bath in the treatment of the form of collapse, which follows injuries and surgical operations, and is known by surgeons as shock. It should always be a full bath in as warm a room as can be procured, and should be at a temperature of about 104 ° when the patient is put into it. The duration of the bath must vary with the case. It should not be less than half an hour, unless the mouth temperature should sooner become normal. During the bath the heat of the water should steadily be increased as fast as can be borne if the patient be conscious, or if he be unconscious, until a temperature of 108° is reached."—H. C. Wood.

Hot water is used internally, taken into the stomach to promote digestion and assimilation of the food ingested. Injected into the rectum to excite alvine evacuations, to promote the hemorrhoidal flux ; to diminish irritation of the large intestines, or of the pelvic organs, and to bring on the menstrual secretion. Thrown into the vagina, it is used to allay pain and uterine irritation, and to promote the lochial discharge, and in hemorrhage. "En cas d' hemorrhagie on peut en ergot donner, si l'uterus est vide, mais si l'on appareils et l'experience necessaire, il

est preferable de faire des injections d'eau antiseptic chaude a 45 ou 48 [maximum]."—Stapfer.

As a dressing for wounds, contusions, and inflamed parts, hot water dressing, or the immersion of the affected part in hot water [95 to 100 F.] promotes excellent results. Professor Hamilton remarks: "No treatment hitherto adopted, under our observation, has been attended with equally favorable results. Under this plan the area of acute inflammation is exceedingly limited; erysipelatous inflammation has been uniformly arrested or restrained. When it has actually commenced, and it has never originated after submersion, gangrene has in no instance extended beyond the parts originally injured, and, when progressing, it has in most cases been speedily arrested [in gangrene, hot water, at a temperature of from 100 to 110 F. is to be preferred]. Septicæmia and pyæmia have not ensued in any case in which submersion has been practiced from the first day of the accident. Purulent infiltration and consecutive abscesses have been infrequent, and always limited to the neighborhood of the parts injured, and of small extent. Traumatic fever, usually present after grave accidents, where other plans of treatment have been pursued, as early as the third or fourth day, has seldom been present when this plan has been adopted, and in no case has the fever been intense or alarming."—Bartholow.

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## GYNÆCOLOGICAL NOTES.

BY PROF. MARY A. BRINKMAN, NEW YORK CITY.

**D**IABETES in connection with uterine disease, menstruation and pregnancy—Lecorche (*Annales de Gynécologie*, Oct., 1885—Abstract *Am. Jour. Gyn.*, May, 1886). Diabetes is proportionately of most frequent occurrence before puberty and at the menopause. When the disease occurs during menstrual life it is of a more virulent type, the most virulent form however is premenstrual. The lesions, in general, impressed on the genital system by the disease are: Eczema of the vulva, granular metritis, degeneration and alteration of the cervix, general uterine lesions. Eczema of the vulva, L. noted in the proportion of about one third. In thirty-two, out of one hundred and fourteen cases, but one was under forty years, all the others beyond forty, nine between sixty and seventy-two years. Frequently eczema is the symptom which suggests diabetes, although close questioning will elicit the fact that diabetic symptoms existed for some time before the eczema, usually from three to four years before. The amount of sugar in the urine will not account for the eczema, for L. has noted the disease in

cases where from one hundred and five to four hundred grains of sugar were eliminated in the twenty-four hours, and also in cases where the amount was but seven grains. Coincidentally with the vulvar eruption, the disease may appear on other localities of the body. If the eczematous crusts be examined under the microscope, there are uniformly detected oval spores, and the filaments of the *saccharomyces cerevisiæ*. These spores are not of themselves responsible for the eczema, but they provoke fermentation in the saccharine urine which is secreted and thus make the urine an irritant. Whether vulvar eczema be accompanied or not by other general or local symptoms, pruritus is a symptom of undeniable value. Examination of the urine will determine if diabetes be the cause.

Granular endometritis and pharyngeal granulations frequently accompany the eczema. Every utero-ovarian lesion may exist in connection with diabetes. The menstrual troubles accompanying diabetes are variable. Occasionally it is dysmenorrhœa, and then amenorrhœa, or suppression to the extent even of leading to a premature menopause. The menstrual disorders are probably due to the effect of the disease on the system in general or are the result of local lesions of the uterus which frequently accompany diabetes. Diabetes does not deprive women of the power of conception, but the fœtuses are apt to be weak, and two out of four noted by L. were hydrocephalic. In eleven out of fifteen cases collected by Matthews Duncan, death resulted from the disease within from three days to eight months after delivery. From the researches of Duncan, it is evident that pregnancy influences greatly for the worse the prognosis of diabetes. If the disease be not soon fatal, its phenomena are exacerbated. In many cases diabetes disappears for a longer or shorter time after delivery. This effect is transitory, the ultimate result is aggravation of the symptoms leading frequently to early fatality.

Removal of both ovaries during pregnancy (Wm. Knowsley Thornton, *Trans. Obst. Soc. London*).—M. W., æt 22, in third month of pregnancy was known to be large twelve months before marriage. Has suffered from several attacks of pain in abdomen with rise of temperature, sickness and faintness. Diagnosis, ovarian tumor complicated by pregnancy. Dermoid tumor of both ovaries removed. Rapid and uninterrupted recovery. Premature delivery at eighth month. Labor uncomplicated. Lochia normal. Fine healthy child and plenty of milk to nurse it. On examination uterus is found atrophic, patient is while nursing suffering from flashes, chills etc., just as others do who have an artificial menopause brought on by operation.

A case of inversion of the uterus without constitutional symptoms (*Am. Jour. Obst.*, Feb., 1887)—Dr. M. B. Wright was called to a case of

confinement, the labor was brief. On placing his hand over the hypogastrium, the globular body of the uterus could not be detected. Examining the vulva he found the uterus inverted with a very large placenta firmly adherent to the fundus. He then separated only a portion of the placenta, lessening the volume of the mass, and returned it to its normal position. A short time afterward he again found the fundus and placenta at the vulva. He then peeled off the placenta, returned the uterus and this time it remained. The doctor could not account for the occurrence of the inversion, as the cord was long and was not surrounding the child, nor had any traction been made on it in the endeavor to remove the placenta. There was in this case no fright, no exhaustion, and the pulse did not exceed ninety. The patient knew nothing about the accident. The doctor's experience with these cases had been that the uterus is more likely to be retained in its position after the placenta has been removed than if it be returned with that organ adherent.

Removal of ovaries and tubes for subinvolution and chronic metritis (*Trans. Obst. Soc., Phil., Dec. 1886*). Dr. Kelly operated upon a patient 35 years of age, mother of five children. For several years she had suffered from constant soreness of the whole hypogastrium, a spot of intense burning pain to the left of the uterus and a constant dark leucorrhœa. The menstrual congestions greatly increased her symptoms, which were again aggravated by several early abortions. Treatment had only given temporary improvement. The ovaries and tubes were removed. The ovaries were full of pea sized follicles and were covered with a dense capsule. The operation had no reference to any disease which might be found in the appendages, the sole indication lay in the state of the uterus. The ovaries whether diseased or not were removed to correct that trouble. The recovery was perfect, the patient was up the fourteenth day, when the uterus was free from tenderness, and already rapidly undergoing involution. Dr. Charles M. Wilson said he doubted the moral right of exposing the patient to the risks of abdominal section for such a condition.

Some points from the annual address of the president of the Gyn. Soc. of Washington are worthy of note and of thoughtful consideration. What are some of the needs that the thought of the future may provide? It requires but little reflection to reach the conclusion that we certainly need more exact information than we at present possess on many subjects that are exceedingly familiar but quite unsettled and likely to remain so. Turning from obstetrics to the domain of gynecology, the doctor asks why it is that so many women are afflicted by uterine and ovarian diseases. The discovery of the cause of ovarian

disease, and of means that shall prevent its occurrence may be a less brilliant achievement than the operation of oöphorectomy, but no less creditable to the gynæcologic art. We are still in the dark touching the cause of uterine fibroids, there must have been a deviation from the line of normal function somewhere and only by a more perfect knowledge of the physiology of these organs can we reach a correct understanding of the etiology and pathology of their diseases. He further adds that he has sometimes thought that it might contribute to such knowledge if we paid more attention to the sexual function and to the influence of its abnormal exercise, or in the case of single women, of its successful or unsuccessful repression ; or again to the influence of ungratified or artificially gratified sexual desires as factors in the production of the diseases of women. The extreme delicacy of this kind of investigation has, perhaps, caused it to be too much neglected, but if it can be shown to promise any profitable result, the science which is armed with a humane purpose should no longer hesitate to make the effort.

With relation to uterine displacements and their treatment by mechanical supports perhaps nothing in the whole field of medical practice is more unsatisfactory. The management of uterine displacements, or better, their prevention, constitutes another problem to which the gynæcologist of the future may well devote attention.

We can, I imagine, scarcely avoid a blush when we reflect how little our science has contributed toward explaining the etiology and prophylaxis of dysmenorrhœa, and when we consider that in many instances there appears to be no other resort for permanent cure than oöphorectomy, I think we should blush again. For dysmenorrhœa due to obstructed cervix rapid dilatation is not so harmless as it is alleged to be and with old standing anteflexion, it often fails to afford the desired results, (*Am. Jour. Obs., Jan., 1887*).

Reflex gastric neuroses due to uterine disease (G. Braun, *Wein. Medicin. Woch.* 41, 42, 1886). B. emphasizes in this paper, the intimate sympathetic connection existing between the stomach in particular and diseases of the female genital organs. It is well known that the various uterine displacements and distortions have a marked reflex influence on the nervous system. The same holds true of periuterine exudations and lacerations of the cervix. The necessity of careful examination of every organ of the body before making a diagnosis as to the special cause of neurotic symptoms cannot be too strongly impressed on the general practitioner as well as on the specialist. B. reports a number of cases in his paper which prove conclusively the dependence of functional gastric derangement on disease of the uterus. In the first case the patient had been treated for a number of months by various gentle-



men for chronic gastric catarrh without avail. Finally she consulted B. who found simply an abnormal mobility of the uterus. B. inserted a Brown-Hodge pessary, and the neurotic symptoms disappeared. In a second case almost continuous vomiting had existed for nearly two years, and the patient had been subjected to varied medication without relief. On examination B. found a lacerated cervix, repaired the rent, and cured the neurosis. In a third case vomiting was a symptom that had lasted a number of months whenever the patient assumed the erect position. The uterus was found heavy, subinvolved and sagging downwards. Pessaries, rest in bed, hot douche, were tried without much benefit, when finally B. amputated the vaginal portion of the cervix and the neurosis disappeared (*Am. Jour. Obst.*, Jan., 1887.) In the same journal, Nov., 1884, is the report of a striking case of reflex spinal neurosis. The patient had been bed-ridden for about five years on account of paralysis of the lower limbs. She was but twenty-five years of age, and eminent specialists in neurology had exhausted their efforts for her relief. Although there was no special indication of organic disease of the uterus or appendages, and the diagnosis of chronic myelitis had been made, the patient insisted so strongly on oöphorectomy as a last resort, that it was done with the result of restoring the patient to health. She is to-day perfectly well and active. The case is recalled because it strikingly indicates what form neuroses may assume, and what unexpected results a forlorn hope may sometimes yield.

Infantile Menstruation.—The *Semaine Médicale* publishes the history of a case observed by Dr. Menges of a little girl of twenty-three months who menstruated regularly. The child was well formed and fully developed for her age. The menstrual flux proceeded from the genital organs: there was neither lesion, neoplasm, nor a foreign body to explain this. The hymenial membrane was absent. Examination could extend to the cervix uteri, which was excessively developed for a child of that age. After three days the catamenial flow stopped and reappeared six weeks later on. The child presented signs of puberty which increased after the second menstruation. The breasts were as developed as in the mobile period. The pelvis presented the signs of commencing puberty, and the skin lost the satin-like surface peculiar to children, and presented the rougher one characteristic of puberty in young girls. Loss of blood weakened the child at first, but a few tonics restored her normal condition. She continued to menstruate regularly and have perfect health. She is now three years and a half old, precocious and intelligent, and measures 1 foot 15 inches in height, the statue of a child of seven. Her brother presents all the symptoms of cretinism.—(*Med. World*, Mar., 1886.)

219 West 23d St., New York.



## NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

The thirty-sixth annual session of the Homœopathic Medical Society of the State of New York was held in Albany, February 9th and 10th, 1887. The session opened with Dr. Henry C. Houghton in the chair, who presented, as the conclusion of his address, the following suggestions for consideration :

First. The most attractive feature of the society's life has been the fraternity, the cordial fellow feeling. I am compelled to say that during the last half year we have been threatened with a cloud, no bigger than a man's hand, it is true, but one that has in it the possibilities of an unhappy future. I counsel the calm, brief statement of difficulties, short discussions, a cheerful acceptance of the will of the majority, joined with a respectful attention to the desires and hopes of the minority. Secondly, regarding the financial condition of the society. The president called attention to the indebtedness of the society. Its present sources of income are from permanent members, county society delegates and from the sale of transactions. The disbursements are for expenses of the treasurer's and secretary's offices, the secretary's salary and the issue of transactions. The only way to free ourselves from debt is to increase the receipts or to deprive the secretary of his hard-earned salary. Every member of our school who has been in practice ten years should be induced to become a permanent member. The transactions should be issued in two parts semi-annually, one part immediately after the session, and this would increase the demand for and receipts from the transactions.

The committee on legislation reported at length and submitted the following resolutions :

*Resolved*, That in the opinion of this society it is desirable that the provisions of the law of 1872 whereby the different schools of medicine in this state are provided with separate examining boards should be preserved and perpetuated.

*Resolved*, That whenever the provisions of this law are changed they should be so amended as to confer upon the boards appointed thereunder both examining and licensing powers.

*Resolved*, That we approve the enactment of the present bill known as the senate bill 45, the purposes of which are the codification of the present laws relating to medical practice and the better regulation thereof.

*Resolved*, That the committee on medical legislation be instructed to endeavor to carry out and render effective the purposes and recommendations herein set forth.

All of which is respectfully submitted.

H. M. PAINE, M. D.

Dr. Terry of Utica, then read the reports on medical societies and institutions, Dr. Lewis of Buffalo, made report and the committee on president's address reported and recommended that for the present the office of secretary be not a salaried one. A long discussion followed on the bi-annual publication of transactions and the financial condition of the society. A motion to reduce the salary of the secretary to \$200,

including clerical work, was lost. The recommendation that the secretary's salary be discontinued prevailed. The committee on necrology reported the death of Dr. Pettit of Fort Plain, Dr. Lawrence of Port Jervis, Dr. Ormes of Jamestown and Dr. Leibold of New York.

The evening session opened with discussions in the bureau of obstetrics, Dr. T. F. Allan chairman. In this discussion Drs. Brown, Coburn, Graham, Fulton and others presented questions for consideration. Dr. Brown opened the discussion in the bureau of clinical medicine.

Dr. H. L. Waldo read a paper on drinking water as a vehicle for conveying the germs of disease, which was discussed by Drs. Gorham and Hunting.

A paper of Dr. D. B. Whittier of Fitchburg, on "Is belladonna a prophylactic in scarlet fever?" was presented with the conclusion that the cause of scarlet fever is unknown, and that the epidermis exfoliated is no cause for the spread of germs of the disease. Dr. Houghton of New York related interesting experiences with the disease in the Five Points House of Industry and cited successful attempts to prevent the spread of the disease.

The work of the session was resumed February 10th, when Dr. F. P. Lewis read a paper by Dr. Colvin on foreign bodies in the eye. A paper on the practical treatment of the insane by S. H. Talcott, M. D., of Middletown, N. Y., was read. He reviewed the history of the care of the insane and paid high tribute to Christian teaching and its influence in that work. He reviewed the work at Middletown and claimed excellent results at that institution. No medical treatment was used there except homœopathic remedies. He said :

"The remedies used by homœopaths and most frequently applied for the cure of the insane are : Aconite, arsenicum, belladonna, hyoscyamus, stramonium, veratrum album and veratrum viride. A second group of perhaps a little less importance are : Baptisia, bryonia, cantharis, chamomilla, cimicifuga, ignatia, natrum mur., pulsatilla and sulphur. These are some of the most common remedies ; but we seek to find that remedy which covers the totality of symptoms. Acting upon this plan we feel encouraged to keep on with our investigations and our experiments in the future until we have found better and surer means for the care of the insane."

Balloting for officers followed. For president, Dr. H. M. Paine of Albany, was elected. Dr. Paine responded with appropriate remarks and pertinent illustrations. The secretary was instructed to cast a ballot for Dr. William Tod Helmuth, New York, for first vice-president and for Dr. J. M. Lee, Rochester, for second vice-president, which was done. Balloting for third vice-president resulted in the election of Dr. Gorham, Albany. Dr. Coburn was then re-elected as treasurer. The censors were re-elected, except that the name of Dr. C. E. Jones succeeds that of Dr. G. E. Gorham.

#### THE NEXT MEETING.

The time and place of the semi-annual meeting were decided and New York, September 20 and 21, chosen. Under the bureau of surgery four papers were presented, one by Dr. M. O. Terry of Utica, on "An

old author on the symptoms produced by spinal irritation, with treatment." Dr. Ostrom's paper on the treatment of the sac in the radical operation for hernia, was read by title. A paper by Dr. L. L. Brainard of Little Falls, was read on the diagnosis and treatment of wounds of the femoral artery, and also one by Dr. J. M. Lee on ovariectomy, reciting clinical experience. A motion to rescind the motion depriving members of the privilege of publishing their papers before their appearance in the transactions, was lost, seven to nine. Drs. Helmuth, Beebe and Houghton were made a committee on arrangements for the semi-annual meeting. The committee on legislation are Drs. George E. Gorham, A. S. Couch, A. R. Wright, L. M. Pratt, J. J. Mitchell, S. H. Talcott, E. C. Coburn, H. M. Paine, E. Hasbrouck, George M. Dillow. The committee on regents' degree nominated Drs. Houghton and Helmuth of New York, as candidates for the regents' degree.

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### ABSTRACTS.

*THE Dietetics of Pulmonary Phthisis.*—DR. Alfred L. Loomis, thus formulates the most important rules which govern the dietetics of phthisis :—

1. Every phthisical patient should take food not less than six times in the twenty-four hours. The three full meals may be at intervals of six hours, with light luncheon between.

2. No more food should be taken at any one time than can be digested easily and fully in the time allowed.

3. Food should never be taken when the patient is suffering from bodily fatigue, mental worry or nervous excitement. For this reason, midday naps should be taken before, not after, eating. Twenty to thirty minutes' rest in a recumbent posture, even if sleep is not obtained, will often prove of more value as an adjunct to digestion than pharmaceutical preparations.

4. So far as possible, each meal should consist of such articles as require about the same time for digestion, or, better still, of a single article.

5. Within reasonable limits, the articles of any one meal should be such as are digested in either the stomach or intestine alone, *i. e.*, the fats, starches and sugars should not be mixed with the albuminoids, and the meals should alternate in this respect.

6. In the earlier stages the amount of food taken with the meals should be small, and later the use of some solid food is to be continued as long as possible.

7. When the pressure of food in the stomach excites cough, or when paroxysms of coughing have induced vomiting, the ingestion of food must be delayed until the cough ceases, or an appropriate sedative may be employed. In those extreme cases where every attempt at eating excites nausea, vomiting or spasmodic cough, excellent results are attained by artificial feeding through the soft rubber stomach tube.

8. So long as the strength will permit, assimilation and excretion must be stimulated by systematic exercise, and when this is no longer

possible, the nutritive processes may be materially assisted by passive exercise at regular intervals.

The following may serve as a sample menu for a day in the earlier stage. The meat soup is made by digesting finely chopped beef (1lb.) in water (Oj) and hydrochloric acid (5*m*) and straining through cheese cloth.

#### MENU.

On waking—One-half pint equal parts of hot milk and Vichy, taken at intervals through half an hour.

8 A. M.—Oatmeal with abundance of cream, little sugar; rare steak or loin chops with fat, cream potatoes; soft boiled eggs, cream toast; small cup of coffee, two glasses of milk.

9 A. M.—Half-ounce cod liver oil, or one ounce peptonized cod liver oil in milk.

10 A. M.—Half-pint raw meat soup; thin sliced stale bread.

11-12.—Sleep.

12. 30 P. M.—Some white fish; very little rice; boiled or stewed chicken; cauliflower; stale bread and plenty of butter; baked apples and cream; milk, Kumyss or Matzoon, two glasses.

2 P. M.—Half-ounce cod liver oil, or one ounce peptonized cod liver oil and milk.

4 P. M.—Bottle Kumyss or Matzoon; raw scraped beef sandwich.

5. 30-6 P. M.—Rest or sleep.

6 P. M.—Some thick meat or fish soup; rare roast beef or mutton; spinach; sliced stale bread; custard pudding; ice cream.

8 P. M.—Half-ounce cod liver oil, or one ounce peptonized cod liver oil and milk.

9-10 P. M.—Pint iced milk; cup meat soup.

1-2 A. M.—Glass of milk, if awake.—*Med. Digest.*

*REMOTE Sympathies—Their Aid in Diagnosis.*—The successful practice of medicine must depend largely upon the almost instantaneous perception of those seeming trifles, which are generally unobserved by the young or ignorant physician. There is no such thing as "intuitive knowledge" or "inspiration." The faculty of correct diagnosis is one acquired only by the most careful observation, aided by a retentive memory.

Apart from those appearances, the recognition of which, depend upon educated visual faculties, or the sensitiveness of tactile organs, there are many things which may be of service in the daily life of a physician, perhaps not generally taken note of.

We give a brief summary of such as occur to us at the moment, which each of our brethren can add to, from their own experience.

Swelling under the eyes, grayish, white or waxy color of the skin, denotes granular disease of kidney.

Swelling of the labia, on one or both sides, will accompany inflammation of kidney.

Carbuncles on the shoulders, or scapular region, are frequently accompaniments of diabetes.

Pain, referred to the meatus urinarius, is sure to be the result of cystitis, prostatitis or nephritis.

Pruritus of the anus will be the evidence, often, of disease of prostate.

Pain or numbness in the outer part of the thigh, denotes some disturbance of the sexual organs, in both male and female. Sciatic neuralgia often depends, in females, on inflammation of the ovary. In men, irritation of lumbar or sacral nerves.

Pain in the heels (in females), may be the only evidence of ovarian abscesses, while pain and swelling in the mammæ will evince some trouble in the same side of uterus, or fallopian tube.

That shortness of breath, or asthmatic breathing, may indicate valvular disease, or aneurism of the aorta, is probably as well known as that discoloration of the skin, may be due to cirrhosis of the liver or to disease of the suprarenal capsule. (*Addison's Disease*) : Sharp outlines of the facial muscles, a peculiar, querulous look, surely define a dyspeptic ; and it is not to be mistaken, even as the expression of a temporary pain.

A dull, aching pain in the *right* shoulder, will arise from congestion of the *right* lobe of the liver, while disturbance in the *left* lobe, as well as *gastric ulcer*, will give ache, or pain, in the left.

Some heart diseases, notably dilatation of the left ventricle, will give pain in the coracoid process, radiating into the left arm ; but this pain will stop at a point half way to the elbow.

*Swollen feet* should warn us of some organic disease of heart, kidney or liver.

Hot feet and hands accompany dyspepsia, while a *red nose* will be an indication of *gastric irritation*, either from indigestion, or whiskey.

But the appearance of the hands is by far the best evidence we possess for instantaneous diagnosis. Not always to be depended on, it is true, as an entity, but corroborated by other symptoms, it will hardly fail.

Dr. Watson first noticed a club shaped form of the ends of the second and third digits, as pathognomic of tuberculosis.

Finger-nails white at the point, and purple at the base, *always* accompanies the chills of malarial fever. A white appearance of the fingers in contrast with the back of the hand, will denote a very torpid condition of the bowels.

A yellow tinge in the palm, or under the finger-nails produced by pressure, will indicate torpidity of liver.

We must notice the peculiarities of cough that are the consequences of irritation of the different branches of the pneumogastric. The short, quick jerk of the cardiac irritation, the dull, heavy bark of bronchial dryness, the wheezy, asthmatic sibilation of bronchial constriction, stand in opposition to the full, sonorous rale of tuberculosis, or the tiresome effort of hepatic congestion, or of gastric disturbance. These different modifications of sound, though they all arise from a common centre, the pharyngeal, yet convey to the educated ear, the history of their origin. No one can mistake the sound of whooping-cough, and a "stomach cough" is proverbial.

We must say a few words about the most common ailment of humanity, headache ; and yet how few there are who can, in a moment determine the origin, and consequently the remedy. That they are sympto-



matic of a wide range of disordered function need not be said, yet they follow certain well defined laws. That a pale face, and feeble pulse, need the instantaneous remedy of nitro glycerine or stimulants, to remedy the anæmic condition that causes it, or that the flushed face and full, bounding pulse, need emetics, or rapid, saline cathartics, is self evident ; but there are also finer shades of meaning in the local manifestations.—*Pacific Journal of Medicine and Pharmacy.*

*DIAGNOSIS of Infantile Diseases.*—Dr. Bradley contributes the following points on this subject :

1. Congestion of the cheeks in children, excepting in cases of cachexia and chronic diseases, indicates an inflammation or a febrile condition.

2. Congestion of the face, ears and forehead, of short duration, strabismus with febrile reaction, oscillation of the iris, irregularity of the pupil, with falling of the upper lip, indicates a cerebral affection.

3. A marked degree of emaciation which progresses gradually, indicates some subacute or chronic affection of a grave character.

4. Bulbar hypertrophy of the fingers and curving of the nails are signs of cyanosis.

5. Hypertrophy of the spongy portions of the bones indicates rachitis.

6. The presence between the eyelids of a thick and purulent secretion from the meibomian glands may indicate great prostration of the general powers.

7. Passive congestion of the conjunctival vessels indicates approaching death.

8. Long continued lividity, as well as lividity produced by a motion and excitement, the respiration continuing normal, are indices of a fault in the formation of the heart or the great vessels.

9. A temporary lividity indicates the existence of a grave acute disease, especially of the respiratory organs.

10. The absence of tears in children four months old or more, suggests a form of disease which will usually be fatal.

11. Piercing and acute cries indicate a severe cerebro-spinal trouble.

12. Irregular muscular movements, which are partially under the control of the will during the hours when one is awake, indicates the existence of chorea.

13. The contraction of the eyebrows, together with a turning of the head and eyes to avert the light, is a sign of cephalalgia.

14. When the child holds his hand upon his head or strives to rest the head upon the bosom of his mother or nurse, he may be suffering from ear disease.

15. When the fingers are carried to the mouth, and there is, besides, great agitation apparent, there is probably some abnormal condition of the larynx.

16. The act of scratching or pinching the nose in children indicates the presence of worms or of some intestinal trouble.

17. When a child turns his head constantly from one side to another, there is a suggestion of some obstruction in the larynx.

18. A hoarse and indistinct voice is suggestive of laryngitis.



19. A feeble and plaintive voice indicates a trouble in the abdominal organs.

20. A slow and intermittent respiration accompanied with sighs, suggests the presence of cerebral disease.

21. If the respiration is intermittent but accelerated, there is capillary bronchitis.

22. If it is superficial and accelerated, there is some inflammatory trouble of the larynx and trachea.

23. A strong and sonorous cough suggests spasmodic croup.

24. A hoarse and rough cough is an indication of true croup.

25. When the cough is clear and distinct there is bronchitis.

26. When it is suppressed and painful there is pneumonia and pleurisy.

27. If the cough is convulsive it indicates whooping cough.

28. Sometimes one sees a dry and painless cough in the course of typhoid and intermittent fever, in the course of difficult dentition, or an attack of worms; under these conditions the cough is often due only to a bronchitis which has been caused by the original disease.—*L'Union Med. du Can.*

*BEER YEAST as a Therapeutic Agent.*—The European medical press has circulated very largely the assertion that during cholera epidemics, the employés of breweries have been singularly free from the contagion. The experiments with beer yeast, made by Dr. Heer, the attending physician of the penal institution at Ratibor, as communicated by him to the *Deutsche Medizinische Zeitung*, may be of considerable interest. He says that he had noticed more than twenty years ago that in more than four hundred cases, pure beer yeast would rapidly cure scurvy, and that its use was without danger or even the slightest unpleasant consequences.

In 1866 he tried the same remedy in the treatment of cholera, and met with better results than with any other mode of treatment, and thus came to the conclusion that the yeast plant was an antagonist of the commabacillus as well as to the microbe causing scurvy, and that thus a remedy was found which, without injury to the human system, would deprive these bacteria of their sustenance. The following were the conclusions arrived at:

1. Yeast is probably a powerful remedy for zymotic diseases, and in scorbutis and purpura, undoubtedly so.

2. In several cases of well advanced tuberculosis I have seen it overcome high febrile conditions, followed by a well-established arrest of the solidifying of the lung tissues, which had progressed several months.

3. The exhibition of yeast is very easy, doses up to two litres per day were given without the slightest bad results.

4. The remedy is readily taken by the patient and replaces the use of milk.

5. By its easy assimilation it becomes a nutrient.

Dr. Heer suggests the administration of beer yeast in diphtheria, and hopes for the best results from its use. As beer yeast can be obtained at any lager beer brewery, it would seem as if our physicians should give this new remedy a thorough trial, remembering, in this connection,

the good effects generally obtained from the use of the old-fashioned yeast poultice.—*Analyst*.

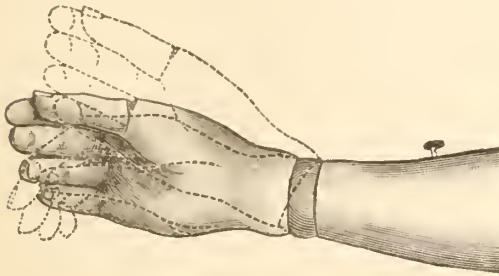
*NITRO-GLYCERINE in Heart Disease*.—Dr. L. V. Holst reports in a St. Petersburg journal a number of observations on the action of nitro-glycerine in cases of heart disease. He considers that it is especially useful where little or no serious organic change in the heart muscle or valves has taken place, and where the affection is mainly due to a debilitated condition of the organ. In angina pectoris Dr. von Holst has found nitro-glycerine very useful; in one case, indeed, it produced a permanent cure. He recommends recourse to this drug, instead of to camphor and musk, in cases where great cardiac weakness threatens immediate danger to life. He considers that the diuretic action is not due to any direct stimulation of the kidneys, but is a consequence of the regulation of the heart's action. He finds that dropsy, if due to heart weakness, diminishes under the use of nitro-glycerine, but that the renal form is uninfluenced by it. With regard to the dose, Dr. von Holst advises that small quantities should be given at first, and increased gradually, according to the effect on the particular case. The preparation he uses is a 1 per cent. alcoholic solution, and of this he gives from one to six drops three times a day.

*GUAIAECUM as an Emmenagogue*.—Sir James Sawyer states that he has given guaiacum in a large number of cases, and regards the drug as an active remedy in promoting the menstrual secretion in a large proportion of cases of amenorrhœa. It appears most efficient, when given alone, in those cases in which the cause of the amenorrhœa is obscure; that is, in those cases in which there is no obvious spanæmic deterioration to which the menstrual deficiency is referable. He gives 10 grains of the powdered resin of guaiacum, stirred in a wineglassful of milk, every morning before breakfast. The remedy may thus be given safely for some weeks. In a few instances it has been found to be necessary to suspend temporarily the administration of the drug, on account of the production of a little abdominal pain and purging.

In some cases of dysmenorrhœa guaiacum has been found to possess considerable curative efficacy. In those cases of dysmenorrhœa in which we can find no vice producing menstrual obstruction of a mechanical nature, and in which there are no inflammatory or plethoric signs, the ammoniate tincture of guaiacum is a reliable remedy when given during the painful period. From half a drachm to a drachm may be given as dose in a wine-glassful of water every two or three hours until the pain is relieved.—*Birmingham Med. Rev.*

*DISINFECTANT*.—A new disinfecting compound for purifying the atmosphere of the sick room has just been presented to the Berlin Medical Society. Oils of rosemary, lavender and thyme, in the proportion of 10, 2½, and 2½ parts respectively, are mixed with nitric acid in the proportion of 30 to 1½. The bottle should be shaken before using, and a sponge saturated with the compound and left to diffuse by evaporation. Simple as it is, the vapor of this compound is said to possess extraordinary properties in controlling the odors and effluvia of offensive and infectious disorders.—*Pac. Jour. Med. and Pharm.*

**CANTHARIDES In Hydrophobia.**—Dr. Karchevski mentions in the *Russkaya Meditsina* that he has successfully treated some patients, who had been bitten by a rabid wolf, with cantharides. The wolf attacked three men, inflicting on the first a large and deep wound in the left groin, a piece of skin several square inches in area being torn off. The other men were wounded in the face, legs and arms, but more superficially. Still the bites of a rabid wolf are peculiarly dangerous. Cantharides plasters were applied to all the wounds, and powdered cantharides were administered to each of the three patients in doses of a grain a day. The internal administration was continued for a week, till the patients complained of some heat in the urethra. Seven months have passed, and all the patients are still perfectly healthy.



**IMPROVEMENT In Artificial Limbs.**—The engraving represents an artificial arm with ball and socket wrist joint, recently invented and manufactured by George R. Fuller, successor to the late Dr. Bly, of Rochester, N. Y. The improvement admits of placing the artificial hand

in any position that can be attained with the natural hand, and is an important advance in the progress of prosthesis.

**"NUX VOMICA In Certain Neuroses Of Organic Life."**—"M. Brugnoli has employed nux vomica successfully in the nervous movements of pregnancy, gastralgia, dyspepsia, hypochondriasis, nervous palpitations of the heart, nervous and periodic cough, asthma, and finally, in albuminuria. This remedy acts either on the pneumogastric, or on the great sympathetic, or on the spinal cord. He records a case of a lady affected with a severe cough recurring every evening, and lasting throughout the night, who was cured in two days by the use of the nux vomica. Another patient was affected every evening with violent cough accompanied by catarrhal expectoration, and was also cured in two days by the use of the alcoholic extract of nux vomica, mixed with the extract of gentian. Cough may always be allayed by this means, whether it be caused by bronchitis by pneumonia, by pulmonary phthisis, or by emphysema. It proves a useful remedy also in cases of cardiac pulsations, and in irregular or too frequent action of the heart. In albuminuria, M. Brugnoli thinks the administration of nux vomica has retarded its progress to some extent, especially in cases of scarlatinal albuminuria."—*Journal de Medicine*.

**URINE—Its Changes During Acute Febrile Diseases.**—Dr. L. Duncan Buckley, gives the following as the changes which occur in the urine during acute febrile diseases :

1. In erysipelas the urea in the urine is increased somewhat, the uric acid augmented threefold, the chloride of sodium diminished, and albumen not unfrequently appears.

2. In measles the urine is rich in uric acid and urates ; lower products of metamorphosis, albumen and blood are not uncommon.

3. In scarlet fever the urea is not necessarily increased ; uric acid is almost entirely suppressed at first, and largely in excess at the close of the fever. The chloride of sodium is diminished. Sediments of uric acid and urates are common, and albumen epithelium and casts generally appear.

4. In small-pox the quantity of urine is diminished and its specific gravity not proportionately increased ; uric acid is precipitated, and the chlorides are diminished ; albumen is sometimes seen.—*Arch. Dermatology.*

*AN Interesting Observation*, by Prof. Marius Odin, M. D., Nice.—Madame de G., of Austrian nationality, 25 years of age ; married ; no children ; average constitution ; lymphatic temperament ; sent for me February 2, 1884. I was struck at first sight with her pallor ; her skin and the mucous membrane of her eyelids and lips were quite colorless. She complained of weakness and general atony, dizziness, vertigo, tendency to lipotynie, caused by sorrows, sitting up late at night, and depressing influences. There was gastralgia, with alternate constipation and diarrhœa. Menstruation was irregular, and an abundant leucorrhœa was accompanied with gastralgic exacerbation. Her pulse was weak and depressible ; there was a blowing sound with the first heart-beat ; very accentuated in the carotids. On auscultation I found weak respiratory murmurs, much prolonged expiration ; dry and jerking cough. There was insomnia, and a tendency to night sweats.

Remedies had been tried but could not be borne I prescribed Vin Mariani Erythroxylon Coca, from which I had had much satisfaction on several previous occasions, but which I had never used alone. At the end of eight days there was a notable amelioration. Appetite appeared food was taken and the digestive functions were becoming more regular ; she has since resumed her daily occupation, and can bear, without fatigue, long conversations, and, at the same time, her vocal powers have acquired ampler development. At the end of a month's treatment, her state was most satisfactory ; there remained a slight blowing with the first heart-sound, which, however, was disappearing, and was not at all perceptible in the carotids.

This observation shows its useful effects upon the vocal organs—a fact first determined by the eminent specialist, Professor Fauvel, who has given to it the name of Tensor of the Vocal Cords.—*Gazette de Therap.*

*THERAPEUTIC Uses of the Hot Bath.*—Dr. Notley contributes an article on the uses of the hot bath. By the hot bath he means a wet bath at a temperature ranging from 100° to 110° Fahr. In the dry-air bath a temperature much higher than this can be borne. A case is related of a man of middle life, spare, and somewhat below the average height, who complained of languor, debility, want of energy, lowness of spirits ; the circulation was weak, but the heart and arteries were sound. The quantity of food taken was below the average, the digestive system

was in fairly good order. The skin was dry, and a few spots of psoriasis were found on various parts. The urine was cloudy with phosphates, and below the average in quantity. A hot bath at a temperature of  $105^{\circ}$  Fahr. was ordered. Next day he felt quite cheerful and well, remaining in this state for about a fortnight, when all the old symptoms had returned. A hot bath was again taken with the same result as before. This patient managed to maintain his health in a very fair condition simply by taking a hot bath once a fortnight. It was estimated the quantity of urine and weight of urea passed during the three days previous to the bath was considerably less than that on the three days following the bath. If the other secretions and excretions were proportionately increased, there is a clear reason to account for the marked improvement brought about in the general condition of the patient. The time and manner of application is of some importance. Like all other baths, the hot baths should be taken before the principal meal of the day. The duration of the bath should be fifteen minutes, and the temperature  $105^{\circ}$  Fahr. If faintness should occur, the whole head should be immersed in the hot water for a few seconds.—*Lancet*.

*ACTION of Drugs in Albuminuria.*—*Brit. Med. Jour.*, Nov. 1886. Dr. Robert Saundby records a series of observations upon the action of drugs in albuminuria in its various forms, and to examples of "functional albuminuria." In speaking of the "action of drugs" the author refers solely to the effect of remedies introduced into the body by any channel. In making calculations on the amount of albumen present in the urine, several difficulties are met with: (*a*) in acute and even in subacute Bright's disease the albumen may diminish and disappear without the use of any drugs whatever; (*b*) chronic cases are liable to intermittent acute exacerbations of greater or less intensity which may clear up, and then there is a subsidence of the albumen; (*c*) the amount of albumen is influenced by diet, increased by exercise, and diminished by the recumbent position. Cases of "functional albuminuria" afford the best opportunity for testing the influence of drugs, but the author has never seen one of these cases in which the disappearance of the albumen was due to the direct action of the drugs. The use of alkalies in the form of diluents, in a series of chronic cases, with persistent and copious albuminuria, produced distinctly favorable results; under this heading the author includes bitartrate of potash, citrate of lithia, bicarbonate of potash, benzoate and bicarbonate of potash. Tannate of soda proved so nauseous that Dr. Saundby instituted in its stead the following formula: *Acidi tannici, sodæ bicarb., āā gr. x., glycerini mxv., aq. ʒ j.*, and reported very favorably of its advocacy in chronic cases, but in acute cases its action was uncertain. In acute cases nitro-glycerine proved useful. With regard to fuchsin, the author has tried it in a great number of cases and was unable to observe results which bear out the reputation acquired by this drug. Digitalis appears to increase the amount of albumen, and this holds good of other heart-tonics, such as caffeine, strophanthus, and sulphate of sparteine. Iron, including the acetate, sulphate and perchloride, has the same effect of increasing the albumen. Terpene, apocynum, and turpentine failed in producing any decided benefit in cases as a rule. The injurious effects of prolonged albumin-



uria have been greatly exaggerated, and while improvement in the condition of the kidneys is generally accompanied by diminution in the loss of albumen, this may continue to persist for years, even in relatively large amount, without injury to health, and with fair performance of the renal functions.—*Lonaon Med. Rec.*

*RHUBARB in the Treatment of Thread-Worms.*—Dr. Sidney Martin thinks that in many cases, although the irritation about the anus may have been relieved by injections, the persistent irregularity of the bowels and disturbance of sleep are owing to the fact that worms still remain in a higher part of the intestine. In such cases he has found that small doses of rhubarb are efficient in bringing the worms away and in regulating the bowels, so that in most instances injections may be dispensed with. He has found the following formula most useful, varied slightly according to the age of the child: Tincture of rhubarb, 3 minims; magnesium carbonate, 3 grains; tincture of ginger, 1 minim; water, to 3i. This amount is to be taken two or three times a day, according to the effect on the bowels. Whether the rhubarb acts as a vermicide or simply by "moving the worms on," he is unable to say.—*Practitioner.*

*CAFFEIN in Heart Disease.*—In the *Brit. Med. Jour.* notice is taken of some researches carried on last year by Dr. Otto Leiffert on citrate of caffein. All the patients to whom it was given were suffering from organic affections of the heart with imperfect compensation. In some it was given in a single dose, in others in repeated doses. The quantity given daily should be from one to two grammes. The advantage claimed for this drug is that it quickly improves the action of the heart and regulates the cardiac beats. It is also a diuretic, and has no cumulative action. The principal drawback to its use is that its effects last only for a short time. In those cases where compensation has been re-established, the action of caffein may be as prolonged as that of digitalis. The general condition is influenced in a striking manner; the palpitations, the dyspnœa, and as a rule, the insomnia, also rapidly disappear.

*MANAGEMENT of Typhoid Fever.*—In addition to the keeping up of the nutrition of the patient by suitable food, and supporting by stimulants, it is a matter of great importance to control the temperature, which is done by the following means:

1. A soft towel folded is soaked in a basin of iced water, then wrung out and applied over the forehead and temples.
2. The palm of one hand and the arm are "sponged off" with another towel which has been dipped in the cold water and wrung out.
3. The towel which has been left upon the head is turned and re-applied, so as to have the cold surface next the skin.
4. The other hand and arm are treated as was the first.

This process strictly followed, is continued for fifteen to thirty minutes, or until such time as the surfaces treated have become thoroughly cooled, and should be repeated whenever there is a rise of the surface heat. Sometimes, if it does not cause fatigue, both hands and arms, if



hot and dry, are allowed to be immersed or to be bathed directly in the cold water.

This mode of using cold water he has found efficient and valuable in the treatment of various forms of fever, in which the hyperpyrexia was of such a degree as to be regarded an element of danger.

In the later stages, characterized by dry tongue and sordes, with low muttering delirium, stimulants should be administered very freely, together with the application of revulsives (*emplastrum cantharidis*) to the back of the neck, where cerebral complications, delirium, etc., are marked. As long as the tongue is dry give almost unlimited discretionary powers to attendants and nurses to continue stimulants. This positive indication has been too little regarded.

In further reference to some remedial agents which are valuable in the complications which arise in this disease.

Oil of turpentine is applicable to meet four separate morbid conditions.

1. Tympanitic distension resulting from perverted conditions of the mucous and secretory surfaces of the intestinal tract.

2. As a special stimulant at the stage of general depression.

3. As an astringent or styptic, with opium, to prevent or arrest hemorrhages from the intestines, kidneys or bladder.

4. Combined by means of mucilage with the carbonate and chloride of ammonium, to relieve the irritation or inflammation of the bronchial tubes, when these are affected.

Cotton batting over the whole chest, covered with an oil-silk jacket, has been found most valuable additional means in treating bronchopneumonia.—*N. O. Med. and Surg. Journal*.

*CARDIAC Changes in Typhoid Fever*.—A very unusual lesion has recently been pointed out by Dégérine as occurring in the muscular structure of the heart during the course of typhoid fever. On examining the heart of two patients who died suddenly during apparent convalescence from this disease, extensive microscopic changes were detected into the myocardium. In both cases, the lesion consisted in a separation of the intercellular cement of Eberth, which, in a normal condition, unites the cells of the cardiac fibres. There was neither fatty, putrid nor pigmentary degeneration. It is due to the solvent action of sarcolatic acid, which is formed in great abundance in the intercellular cement. No bacilli were found in the myocardium. Similar changes have been detected in the myocardium after pericarditis by Lundrouzy and Renant.—*Med. Digest*.

*ORIGIN of Malaria*.—The theories as to the origin of malaria are receiving constant additions, and each new observer is as confident as his predecessors that he has discovered the origin of the malarial poison. Dr. Karl Schwalbe, of Magdeburg, has published a very interesting paper "On the Experimental Production of Melanæmia and Melanoma by Carbondisulphide and Carbonoxisulphide, with some Remarks on the Malaria Poison." From his numerous experiments he has found that he can inject a 5, 10, or 20 per cent. solution of carbon-

disulphide into a rabbit in doses of 1 ccm. three and four times a day. After ten grammes of carbon disulphide have been introduced into a rabbit he finds that, although up to that point the rabbit has no pain, eats well, and bears young, it loses weight, and its mucous membranes are pale. On examining the blood drawn from a rabbit so treated, it is found to be very pale, and when microscopically examined, although a few red blood corpuscles are normal, the majority are reduced to mere shadows, and in one or more in each field pigment granules may be seen. The white blood corpuscles are found to be less numerous than usual: they are often very pale, and sometimes full of black pigment. The total quantity of blood is greatly lessened. Neither albumen nor sugar are found in the urine. On post-mortem examination of a rabbit killed after having been treated as mentioned above, the spleen was always found to be much darker in color than usual, and in many cases it was much enlarged and gorged with blood. A considerable quantity of black, brown, and yellow pigment was found in the spleen. Venous blood taken from the spleen was discovered to contain numerous pigment cells; the black was especially noticeable in large quantities, and resisted all the usual reagents in a very remarkable way. Pigment was also found in the lungs, kidneys, and marrow, also in the brain, pia mater, and spinal cord. The brain was softened in many places. Like experiments were performed upon a rabbit from which the spleen had been previously removed. In this case the animal gained in weight, but on a post-mortem examination being made the blood was found to be pale, the white blood corpuscles very few in number, and pigment was seen in the red blood corpuscles, liver, kidneys, lungs, heart, brain, and spinal cord, but not in the marrow. The thyroid body, which was enlarged, contained yellow, red, and black pigment. This experiment proves that although the spleen forms and stores up more pigment than any other organ in the rabbit, yet its removal does not prevent the production of new pigment in the body. Similar experiments with the same results were made with carbonoxisulphide. From these experiments Dr. Schwalbe believes himself justified in stating that the introduction of carbonoxisulphide will induce alterations in the body of a rabbit which resemble those induced by the action of the malarial poison in man. It is well known, he says, that the malarial poison exerts the following action on the blood: (*a.*) The solids are diminished in quantity; (*b.*) there is an increase in the volume of red blood corpuscles; (*c.*) black pigment makes its appearance in the red blood corpuscles; (*d.*) the white blood corpuscles are much more diminished in number than the red. In cases where death occurs to a man who has not suffered from malarial fever for weeks or even months quantities of pigment are found in the spleen, liver, and marrow. Carbonoxisulphide Dr. Schwalbe believes to be the cause of malarial fever, for it may be introduced into the body either in solution or by inhalation for some time with impunity, but at length, should its introduction be continued, it disturbs nutrition to such an extent that an incurable condition is induced. The specific weight of the gas is 2.1046; its smell is peculiar and characteristic, it decomposes easily in water, in the sunlight, especially in the presence of ammonia. In 1885 Dr. Schwalbe proved by chemical examination that carbonoxisulphide was present in a

dried-up marsh at Herrenkrug. He thinks that the gas is decomposed during the day by the sun, and that during the night it is inhaled by men, and thus induces malaria. In combating the germ theory of the origin of malaria he lays great weight upon the fact that no observer has yet obtained germs by night, but only during the day. He considers that, on account of the weight of the gas, a slight elevation would prevent its exerting its power, but he thinks that such elevation would be powerless against germs, supposing them to be the origin of malaria, as he considers that they would ascend to a great altitude. The upholders of the germ theory say that a gas can not be the cause of malaria, because of the long-continued action of the poison upon the system. Dr. Schwalbe meets this objection by saying that snake poison and carbonoxisulphide may also affect a man for months and years after having been once introduced into the system. Dr. Schwalbe also denies that malaria alone causes the three well-known stages of an attack of intermittent fever. He knows of a case of real gout, he says, in which the typical attacks began suddenly in the night with chill, heat and sweating, during the day the patient being almost free from fever, which, however, returned again and again on several occasions, quinine always preventing their recurrence.—*Archiv für Pathologische Anatomie, etc.*

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#### BOOK REVIEWS.

ARCHIVES OF GYNÆCOLOGY, OBSTETRICS AND PEDIATRICS.—Series of 1886. Leonard & Co., New York. Pp. 584.

The bound volume of the Archives of Gynæcology for 1886, presents an extremely interesting resume of the progress of gynæcological and obstetrical science and art during the past year, containing as it does nearly four hundred articles, the cream of American and European medical literature. Among those whose articles or abstracts therefrom are to be found here, we note the names of William Alexander, William Goodell, Alfred Meadows, E. M. Hale, T. Gaillard Thomas, T. M. Madden, T. Parvin, Graily Hewitt, Lawson Tait, and others equally known to fame. The journal is very appropriately named as it is a veritable register of the facts and theories of the allied arts of obstetrics and gynæcology, and a book not only to be read but to be kept as a work of reference. We are glad to see that its merits have been so well appreciated by the medical profession, that the publishers have been encouraged to make the change from a bi-monthly to a monthly.

OXYGEN IN THERAPEUTICS.—A Treatise explaining the Apparatus, the Material and the Processes used in the preparation of Oxygen and other gases with which it may be combined; also, its Administration and Effects, etc., etc. By C. E. EHINGER, M. D. Chicago: W. A. Chatterton & Co. Pp. 157; price, one dollar.

It would seem somewhat strange, if we did not realize the extreme conservatism of the learned professions, that so potent an agent as oxygen should have been so long neglected. It is only within the last few

years, and then mainly through the labors of Dr. Samuel Wallian, that its therapeutic value has been appreciated. Of its value in the treatment of many diseases there can be little doubt, the only difficulty regarding its use being with many physicians the inability to obtain the gas when wanted, and an understanding of the best method of using it, in the various diseases in which it is indicated. The volume under consideration aims to supply such a need, and is intended to furnish information and practical detail necessary for the construction and operation of the apparatus required to prepare and administer oxygen and nitrogen monoxide. The first part of the work is devoted to a consideration of the properties, uses and distribution of oxygen, its preparation, administration, and the apparatus necessary. The second part to clinical cases, illustrating the use of oxygen and nitrogen monoxide. The book is a timely one and deserves the attention of those who do not believe that all that is worth knowing is already known, and that they know it all. We believe that it will not only repay reading, it will repay careful study and the acting upon the information therein given.

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### ITEMS.

"What is an Instinct?" is the question which is answered in the *March Scribner's* by Prof. William James in a thoughtful and scholarly article, which is marked by unusual vigor and freshness of expression. The article deals more especially with the instincts of man, and is of particular value for its clear statement of the laws which govern instincts and their relation to education and mental development.

During the cholera epidemic in Na-hville, Tenn., the late Dr. Bowling attended an old blind negro, who eked out an existence by playing the flute at the street corners. He recovered, and with a heart overflowing with gratitude he took his flute and sat under the doctor's bed-room window and played it the whole night long. Of all the large fees he ever received, the doctor said this was the largest.—*Medical and Surgical Reporter*.

A gentleman received a note from his lawyer which he was unable to decipher. On his way to his office he met a friend at the door of a drug store. The friend, after vainly attempting to read the note, suggested that they step inside and hand it to the druggist without comment. The druggist, after studying it in silence for a few minutes, stepped behind his prescription case, and in a short time returned with a bottle of medicine, duly labeled and bearing directions. When the gentleman saw his lawyer, he was informed that the note was a notice for him to call at his office between three and four P. M. of the following day. It is a pretty difficult matter to "stick" the regulation druggist.

A new use of the photograph process is the preservation of manuscripts. It is an idea of the publishers of the *Century Dictionary*, the work on which, involves so much handling of the sheets of paper containing the matter to be printed, that they would soon be unreadable. Each of the 25,000 sheets of "copy" has been copied on a negative, reduced one-fortieth in size. The negatives are kept in a fire-proof building. When a duplicate of a sheet of copy is wanted, one is produced from the negative of any required size. A great saving in cost of insurance has been effected by the adoption of this plan, the value of the mass of copy to the publishers being not less than \$150,000, and the cost of the negatives being not more than \$300. And no money received from an insurance, in case of destruction of such property by fire, could repair the loss of time consumed by the host of students who had contributed the original manuscript. The idea was borrowed from the custom followed in Paris during its siege by the Prussian army, when reduced copies of letters were sent by carrier pigeons.

# THE AMERICAN HOMŒOPATHIST.

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Not many years ago one of the stock arguments against Homœopathy was, that it was mere symptomatology and that its followers did not treat diseases, only symptoms. A charge that was as false, in fact, as it was in logic, for it was always the totality of the symptoms which guided the choice of the remedy. When the totality of the symptoms had been removed, what was left of the disease? To-day, those who made the most use of this argument in the past are now using medicines for a single symptom, as, antipyrine, *et id omne genus*; and that too for the mere temporary suppression of a symptom, for the medicine has no effect on the course, duration or termination of the disease. What was a crime in a Homœopathist becomes a virtue in a *soi disant* regular.

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The lot of an editor of a medical journal, like that of a policeman, is not always a happy one. He has his times of trial and tribulation when forbearance ceases to be a virtue and his pent up indignation must find vent. This is the way in which the editor of the *Medical Register* voices his plaint: "Possibly some of our readers have noticed brief hints concerning the feeding of infants. This is of course an important topic, and one about which we all desire to be well informed, yet when a person at this late day reads a paper, or rises at a medical meeting and states that 'mothers' milk is the best food, for infants,' patience and self-restraint cease to be virtues, and the keeping of the sixth commandment seems wholly inexpedient. There are other calamities which are constantly impending: without a moment's warning an editor may be called upon to revise articles on 'lacerated perinæum,' 'the proper use of the obstetric forceps,' or 'the treatment of boils,' all of which we can predict will be treated in the regulation style, and will be accompanied with the same amount of verbiage." What does our brother of the *Register* expect, that the millennium is at hand, or that he can have a new pessary or a new microbe every day?

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If the *Medical Register* will but possess its soul in patience it may find in the Homœopathic materia medica enough of therapeutic novelty



to satisfy its longing. We commend the *materia medica* to its attention as a storehouse of inexhaustible treasures in the way of brilliant therapeutic discoveries, like the recent discovery of nitro-glycerine as a remedy for angina pectoris, or the still more recent discovery of the value of small doses of *mercurius biniodatus* in scarlet fever and diphtheria.

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The *Medical Register*, which is an exponent of the old code section of the profession, says in a recent issue, speaking of Homœopathy: "It would be far better, and a decided step in advance, were the press to teach the public that there are few, very few, educated physicians of the orthodox homœopathic school, and that the average type of to-day employs whatever remedy he deems most suitable, and the chances are five to one that in extreme cases this remedy is a regular one of pronounced character. The regular profession has ever been severe upon all forms of chicanery, and it persists in refusing to affiliate with clairvoyants, homœopaths, and all others who systematically practice deception." Leaving the question of deception to be considered hereafter, we propose to-day to examine only the matter of education. Upon this point of the comparative fitness of the two schools the *Medical Register* is woefully mistaken. There are many, very many, cultured and educated homœopathic physicians who in all that constitutes the physician are the peer of any man, and who are educated in all that appertains to the science of medicine; and are earnest students, not only of the work of their own school, but of that of all schools. It is admitted by medical book publishers that the homœopathists, as a class, are the most liberal buyers of medical books, and the freest subscribers to the medical journals of all schools, and that the library of the average homœopathic practitioner is more completely supplied with the latest medical publications than the library of the average medical practitioner. The homœopathist reads more, studies more and thinks more than his old code brother, and if a knowledge of medical science, and of the present condition of medical art is an evidence of medical education, then the majority of homœopathists may justly claim that distinction. We cheerfully admit our indebtedness to the other school of medicine for the great advance which has been made in recent years in pathology and diagnostics, but in therapeutics the advance has not been equally rapid, for as Trousseau says in his clinical lectures, "Medical science has progressed; but the art of healing has remained nearly stationary. In therapeutics, experiments are much more difficult; the data of the therapeutic problem are so numerous and deceptive, that it is impossible to arrive at a conclusion rapidly, and the conclusion, when attained, is far from being always susceptible of rigorous demonstration. When medicine, as it



now exists, compares what it knows with what it does, it perceives that pathological anatomy does not always necessarily lead to rational therapeutics, and that the knowledge of lesions do not always enable us to cure them. Here the deception begins!" On the other hand, in the homœopathic school, the advance has been most rapid in the line of therapeutics, and where the old school has advanced it has been in the direction of homœopathy, as we shall hereafter show. The concluding sentences of the article in the *Medical Register* we heartily endorse. "It is the duty of every one of the present day to give careful attention to a matter of such vital importance, and to employ as physicians only those who can offer indisputable claims to scholarship, ability and experience," adding only, no matter whether such physician be a homœopathist or a follower of the old code.

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The effect of climate or geographical position upon the production or continuance of phthisis appears from Professor Hirsch's valuable work, "A Handbook of Geographical and Historical Pathology," to be much less than is generally supposed. Contrary to the generally received opinion, it is according to Professor Hirsch, "A disease of all times, all countries, and all races." Extending from the polar regions into the tropics, and attacking the negro or the savage equally with the Anglo-Saxon, and becoming even more virulent and acute in the tropics than in the temperate zones. The most potent influence is that of aggregation, the massing of large bodied of workers in the great centres of population, for while the average number of deaths is about three per cent. in the thousand, in the large cities it rises to double that proportion (as, for example, the death rate of Vienna from this cause is over seven and a half per thousand, and that of Brussels five and a half); in the smaller cities it sinks to two and a half or three per cent. in the thousand, and in the country to still less. Impure air and defective hygiene play a more important part in its production than hereditary predisposition and imperfect nutrition. In New Zealand, the Maoris are rapidly becoming extinct, from the ravages of this disease, induced by their miserable dwellings and wretched food.

Cold and damp are much less potent, and of themselves have no influence on the disease. In sunny Italy the death rate from phthisis is as high as in damp and misty England and greater than in the cold and stormy Hebrides and Faroe Islands, whose inhabitants enjoy almost complete immunity. Dampness, when conjoined with frequent changes of temperature, predisposes to the disease, but humidity of the air is of less importance in the production of the disease than dampness of the soil. Low lands favor its production, while the higher the altitude the

greater the immunity. The higher Alps, the Andes, the elevated plateaux of Mexico, Persia, and South Africa, approximate absolute immunity. In India, the disease is common and very pernicious, but is extremely infrequent upon the upper slopes of the Himalayas and the Ghaats. At Bogota and Quito, in spite of the aggregation of the population, it is extremely rare. How effectively, over-crowding and bad sanitary surroundings is well shown among the nomad tribes, where, as in the case of the Bedouin Arabs, the disease is practically unknown, but when, as sometimes happens, these wandering tribes settle in towns they are no longer exempt from the disease.

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### TREATMENT OF WHOOPING-COUGH.

TRANSLATED FROM THE *Allg. Med. Central Zeit.* 7 & 8, BY PROFESSOR

*Lilienthal*

Dr. Arntzenius of Amsterdam, Holland, recommends the treatment with the pneumatic cabinet in whooping-cough. After a few seances the children get hungry, and though at first they vomit again part of the food taken, this soon ceases, the evening fever decreases, sleep is less disturbed and the little ones rejoice when the time comes to enter the cabinet, they really like the fun, as they take no nasty drugs. Secondary diseases are prevented, as the compressed air ventilates the lungs, and all lumps of mucus are dislodged. Cases of secondary bronchitis, broncho-pneumonia, atelectasis, are certainly more rarely seen during the treatment.

Dr. Jurgens pleads for regular change of rooms in whooping-cough and other infectious diseases. During an epidemic his two boys were treated, he writes, for a long time without the least benefit. After putting the boys in other quarters the paroxysms ceased—decreased in number and intensity. Their former bedroom was thoroughly disinfected and new furniture put in before they returned to their former quarters, the cough ceased and the children soon regained their former strength. The same benefit was witnessed in other cases. Jurgens requests a trial of this simple treatment in other infectious diseases, especially in diphtheria and scarletina.

Mohn recommends sulphurous acid for the disinfectant. In the morning the little patient is dressed in linen and then removed from

the bedchamber. Clothing, bed-linen, toys, in short, every thing which can not be washed, remains. Sulphur, 25 grammes per cubic metre of air, is then burned. After five hours the room is ventilated and in the evening the patient retires into a pure atmosphere and convalescence is established.

100 Front Street, SAN FRANCISCO.

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## OXYGEN IN ASTHMA AND PHTHISIS.

BY EDWIN A. GATCHELL, M. D.

The personal observation of the writer in the remedial effects of oxygen as a therapeutic agent began some ten years ago. During the past year he has seen much to cause him to value it highly, especially in diseases of the respiratory organs.

It is seldom that one has an opportunity of treating a patient for asthma and phthisis at one and the same time. That "an asthmatic never dies of consumption" is proverbial. The two diseases were certainly combined in the following case, and the patient, had she not received help, would probably have proved an exception to the above rule. It was not an encouraging case to undertake, but the result was eminently satisfactory to the patient, her husband, and her physician. After one month's treatment the lady's husband said that he would be satisfied if the treatment would prevent her relapsing into her former condition, even if she had to continue it all of her life.

The following is a brief history of the case :

Aug. 1st, 1886.—Mrs. O. Age, 39 years. Pulse 120. Temperature at five p. m., 101.5°. Some emaciation. Has suffered from asthma for fifteen years. Had pleurisy and pneumonia. Life would be intolerable but for the relief afforded by the various proprietary asthma "cures," to be burned and the smoke inhaled. Sometimes this inhalation is used several times day and night. Exceedingly nervous. A great deal of distress in the stomach ; has been a dyspeptic for years. Tongue coated dirty yellow. No appetite. Can eat but little and often the stomach ejects even that. Sleepless. Profuse night-sweats. Coughs in paroxysms ; raising muco-purulent matter. Menstruation very scant, sometimes entirely suppressed. Feet almost always cold. Complexion pale. Bowels constipated. Physical examination revealed sibilant rales extensively in both lungs. Great dulness lower third of left lung, posteriorly. Patient *can not ride in carriage without having a severe attack of asthma ; but can ride in the saddle with impunity.*

This patient was directed to inhale six gallons, twice daily, from a

tank containing 12. oxygen and nitrogen monoxide, partes æquales, one part ; air, three parts. And was treated by means of the Sass spray apparatus, with various medications, including oil of tar, oil of eucalyptus, and merc. binoid. thoroughly rubbed up in vaseline.

The immediate result was very gratifying. The cough, asthma, night-sweats, and vomiting of food, yielding very promptly to this treatment.

Sept. 1st. Pulse 90. Temperature normal. No night-sweats. Has not been obliged to burn incense at all. Sleeps all night. Less nervous. Better appetite.

Oct. 1st. Better in every way. Healthier color. Stronger. Can walk two miles in the rain or dust without causing asthmatic symptoms. Expectoration white and less of it. Menstruation normal. Pulse 75. Temperature normal. Feels "like a new woman." Can ride in a carriage with impunity.

The patient discontinued office treatment about October 1st, and still continues to feel well.

The improvement in this case can not justly be attributed to the climate, for it had not helped her at all before she began the treatment. Some of the benefits received might properly be credited to the fact that the patient walked to the office twice daily. All physicians are aware of the difficulty in inducing patients to take regular exercise, and how important it is for them to do so. Certain it is that regular exercise, taken with some special object in view in addition to that of seeking health, is most valuable.

ASHEVILLE, N. C.

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## PSYCHOMETRY.

By JONATHAN HUNT, M.D.

ABOUT thirty years ago, Dr. Buchanan, of Cincinnati, discovered one of the most mysterious and, at the same time, useful of anthropological facts. Mr. Denton subsequently gave the subject such a careful and thorough examination that when he published the result of his investigations, the careful thinkers who read his "Soul of Things," believed him to be the discoverer. The fact that a magnetic emanation, with its constitutional peculiarities, is common to all human beings can not be denied ; the extent of the manifestations and the results, may, for a time, remain a matter of opinion.

In studying this science, we must be content with results ; our eyes will never see electricity in any of its forms.

And now, I invite the attention of thinkers to this science as an auxiliary in the cure of disease. I assume that this emanation is a positive force ; and that it has a motion entirely its own ; that it will not pass through material substances but through the air, and is subject to deflections like the water of a river striking against a bank. As soon as this fluid leaves the body its course is horizontal in a circle around the person, and always with the sun. This current is weak from the head upward on account of the strong current from the brain downward ; but it is very strong from the feet downward, or from the fingers pointed in any direction. For this reason the dog can follow his master's track and the impressible subject delineate the character of a writer whose manuscript is more than ten years old. It is quite probable there is no current at all from the brain upward, but rather the reverse, and this enables the Psychometrician to read with that part of the brain always selected by the intelligent experimenter. (I believe it is in the region of "spirituality".)

When a person enters a room the circular current is soon established and is confined to the room ; if more persons enter, it increases the intensity of the force. No matter if the individual reclines, the current remains horizontal.

Now comes the most important fact connected with the science. If an invalid suffering with nervous disease, particularly nervous weakness, reclines on a bed near the wall, it will make a material difference whether the fluid strikes the head or the feet first. For this reason every bed should be so placed against the wall that, as we approach it, the head of the bed is at the left hand and the foot at the right. Or more plainly, if the bed be in the northeast corner, the head should be toward the north ; if in the southeast corner, the head should be toward the east ; if in the southwest corner, the head should be toward the south, and if the bed be in the northwest corner, the head should be to the west.

It has been suspected years ago that there was a choice in the positions of the head of a sleeper ; but it has so far seemed like a matter of guesswork. Once our scientists said : "Sleep with the head to the North : " again, "Sleep in the middle of the room." They have made the discovery that there is a difference.

If any physician of long practice will please recall as many as possible of the facts bearing upon this subject, he will find that for every ten deaths among his patients, seven of them were unfavorably situated, according to the foregoing explanations. If he will please experiment, he will find a great help in curing the diseases of the class before mentioned. No doubt the most favorable position for a weak nervous

person is in the middle of the south side of a room, as near the wall as possible, with the head to the east. The more persons in the room the better, so there is sufficient ventilation, and the persons are friendly and agreeable to the patient.

Observe I do not claim that the proposed arrangement will at all times effect a cure ; but when life is quite evenly balanced, it takes but little to turn the scale in favor of life.

WHITE HOUSE, O.

### GYNÆCOLOGICAL NOTES.

BY MARY A. BRINKMAN, M. D., PROF. OF DISEASES OF WOMEN NEW YORK COLL. AND HOSP.

THE Differential Diagnosis of Distension of the Fallopian Tubes  
(Dr. John W. Taylor, *Brit. Med. Jour.*, April, 1886).

1st. Menorrhagia may be common to both diseases, but in uterine myoma it is painless, in tubal disease it is very painful.

2nd. Moderate enlargement of the uterus (from 3 to 3½ inches) is present in tubal distension accompanied by hæmorrhage (as in most cases where metrorrhagia is a prominent symptom). An enlargement beyond this may generally be expected in myoma.

3rd. The tumor formed by distension of the fallopian tube is always single or double, and is always posterior to the uterus. Nodular myoma is usually multiple and the situation of the outgrowths variable.

4th. The tumor formed by a distended tube, even when chronic and quiescent, is always very tender to touch of examining finger of surgeon or from the passage of scybala through the rectum. A myomatous nodule, unless inflamed, is comparatively insensitive.

Dyspareunia is a very general symptom of tubal disease but is almost unknown in myoma.

5th. The outline of a distended tube is fairly constant in possessing a longer or shorter axis, that of nodular myoma is round or quite irregular.

6th. The tumor caused by a distended tube varies in its firmness and at some time or other will show signs of elasticity or fluctuation, that of nodular myoma remains hard.

7th. Both a distended tube and a myoma of the posterior uterine wall may sink lower in the pelvis by causing retroflexion of the uterus, but apart from this the former, although adherent, tends to sink slowly by its own weight, the latter reaches a lower point only by increased growth.

8th. When pregnancy occurs, the uterine enlargement being caused



chiefly by the development of the muscular tissue of the uterus, a myoma of this tissue will be much more likely to be raised by the growing uterus, than a distended tube which is only adherent, and often but lightly to its peritoneal investment. The only other condition which is likely to be confounded with distension of the Fallopian tube is cyst or abscess of the ovary. In cyst or abscess of the ovary a space can be found between the tumor and the uterus unoccupied by any swelling. In distension of the tube the tumor is continuous with the uterus.

Unilocular Ovarian Cyst in a girl aged 13—Ovariectomy—Recovery (*Lancet*, Feb., 1887). Girl small, undeveloped and had never menstruated. The cyst weighed twelve ounces, and contained eight pints and a half of fluid. The pedicle was broad and sprang from the right side. The left ovary was healthy. The growth was rapid, was noticed about four months before operation.

Sudden Death from Hæmorrhage into the Abdominal Cavity During Menstruation (Edward J. Perry, *Brit. Med. Jour.*, March, 1886).

Patient in health, attacked at seven P. M., with pain in the stomach, gradually growing worse with restlessness, pain in chest, and difficult breathing, death at 4 A. M. Post-mortem showed organs healthy. The whole of the right side of the abdominal cavity was filled with semi-coagulated blood, while the right-iliac-fossa was occupied by a firm clot the size of a foetal head. The viscera, aorta and branches and veins healthy. Two ruptured graafian vesicles were seen. A small clot was attached to the ovary and to one vesicle an ovum was adherent. Several small bloodvessels near were distended with clot, one of them was ruptured. On the left ovary were small bloodvessels filled with clot, an ovum was also attached to it. The uterus appeared normal. Hæmorrhage into the abdominal cavity, due to rupture of a graafian vesicle is rare, but is admitted by authors on obstetrics, notably by Dr. Graily Hewitt. In this case the quantity of blood was enormous, as if the whole body had been drained into the abdominal cavity.

Menorrhagia a Frequent Symptom of Pyonephrosis (James Oliver, *Lancet*, Jan., 1887).

In the female the reproductive and urinary organs are evolved from the same structure. Whenever in the animal economy we find organs developed from a common primordial structure, we can invariably prove the production of a direct nerve communication, whereby impressions originating in one may be transmitted to the others of a like structural evolution. By acute irritation of the renal and uterine nerves, we are able to produce experimentally through an existing nerve anastomosis a temporary paralysis in the lower limbs, a so called reflex paraplegia.

Menorrhagia is a symptom frequently associated with pyonephrosis in the early days, and more especially when this disease appears on the left side of the body. It is the manifestation of a mere augmented and prolonged functional alteration of the uterus and fallopian tube determined in some occult manner by the condition of the renal organs, whilst the periodicity of the flow itself is undisturbed. In such cases the writer has failed to detect any evidence of disease in the generative tract. He has twice verified this fact by a careful examination of the body after death, the uterus, fallopian tubes and ovaries being perfectly healthy.

A Case of Anterior Vaginal Enterocoele.—The patient was brought before the Gynecological Society of Chicago, by Dr. J. H. Etheridge (*Am. Jour. Obst.*, March, 1887).

Patient 20 years old, has one child 11 months old. When she was about six months in pregnancy she "jumped the rope," and after she felt something come down through the vagina. She went to full term and had a normal labor. Whenever she strains or lifts, the enterocoele comes down, presses the vulva apart, and comes out between the thighs. On examination a large opening is felt in the roof of the vagina, the edges of the ring can be easily outlined, and where the hernia is down the finger in the vagina is at once attracted by a pendent mass filled with gas. A Foulée pessary retains the parts in position and it was decided not to operate.

The Glycerine Tampon as a Therapeutic Agent in Gynecology (*Der Frauenarzt Iard II*, 1886). Huellman.—1. It assists in the cure of chronic metritis, tumors of the uterus and vagina, vaginitis and vaginismus. 2. It assists in the relief of aggravated forms of displacement of the uterus and acts as an essential adjuvant towards the cure of milder forms. 3. It is of value in causing absorption of exudations in the pelvis. 4. It materially aids involution of the uterus. 5. It is one of the most reliable styptics in case of any superficial hæmorrhage, exclusive of post partum hæmorrhage. 6. It is of value in the differential diagnosis of cancer. These conclusions he bases on a series of illustrative cases.

Lappa Major in Prolapsus Uteri (*Hahnemannian Monthly*, Feb., 1887). —Three cases of prolapsus uteri which came under the notice of Dr. H. C. Allen, for years had baffled every mechanical support. They were completely restored by lappa major in the lowest potencies. The characteristics appear to be, an exceedingly sore bruised feeling in the uterus with great relaxation of the vaginal tissues; apparent lack of tonicity of the pelvic contents. These symptoms were all aggravated

by standing, walking, a misstep or sudden jar. (From *Med. Advance* Jan., 1887.)

Fatal Poisoning Following two Vaginal Douches with Corrosive Sublimate Solution (*Fleischmann of Prague*) (*Therapeutic Gazette*).

A perfectly healthy primipara, aged 17, exhibited no symptom of kidney disease or of any other complication of pregnancy. To disinfect the vagina before labor two douches of 1 to 2000 solution of sublimate were given one before and one after examination by a midwife. It was noticed that a small amount of bloody mucus was expelled from the vagina after the douches. In a few hours abdominal pain, diarrhœa and a rise of temperature occurred, all the symptoms and lesions of mercurial poisoning developed. Nephritis, salivation and continued diarrhœa, and after giving birth to a living child the patient died on the ninth day after the douches were given. The pathological anatomical diagnosis made at the autopsy was "corrosive sublimate intoxication, acute nephritis, dysentery, stomatitis and pharyngitis in the stage of ulceration, parenchymatous degeneration of the heart and liver, lobar and lobular pneumonia, bilateral, acute cystitis. It is quite possible that some of the fluid may have gone into the uterus and become absorbed by any superficial lesions which had occurred in the beginning dilatation of the os uteri. The patient had diarrhœa before the douches were given, and Fleischmann calls attention to the danger attending the use of sublimate in puerperal patients in whom any lesion or disordered condition of the kidneys or bowels exists. He quotes the words of a well known obstetrician, who asserts that the use of sublimate should be limited to the disinfection of the external genitalia and hands and instruments. (*Cent. für Gyn.*, No. 47.)

Guaiacum as an Emmenagogue (*Birmingham Med. Rev.*, Jan., 1887).—Sir James Sawyer regards the drug as an active remedy in promoting the menstrual secretion in a large proportion of cases of amenorrhœa especially in those cases where there is no obvious spanæmic deterioration to which the menstrual deficiency is referable. He gives 10 grains of the powdered resin of guaiacum, in a wine glass of milk every morning before breakfast. The remedy may thus be given safely for some weeks.

In those cases of dysmenorrhœa in which we can find no vice producing menstrual obstruction of a mechanical nature, and in which there are no inflammatory or plethoric signs, he uses the ammoniate tincture of guaiacum given during the painful period, from half a drachm to a drachm dose, in wine glass of water, every two or three hours.

Lycopodium—a Case of Fibroid Tumor of the Uterus (W. A. Hanley,

M. D., Syracuse).—The growth on the anterior surface of the uterus fully ten inches wide and extending from the pubis four inches above the umbilicus. Dr. Marion Sims among others had pronounced it beyond the reach of surgery. Abdominal pain, entire loss of appetite, sluggish bowels, the least food caused a sense of fullness, with gas and rumbling in bowels. Lyc. 200 once in three hours given Aug. 13th, 1881. Aug. 14th, appetite returned, the shooting pains disappeared and did not return. Lyc. 200 continued two days. On the 23rd of December she weighed 26 lbs. more than when first seen. Tumor reduced to five inches. Lyc. 200 was THE main remedy for two years and a half barring the simillimum for temporary troubles. The patient is now in health, 1884, weighed 156 lbs. There was hypertrophy of the uterus which disappeared after the tumor. (*Med. Adv.*, March, 1887.)

Dysmenorrhœa (Skinner, London—*Med. Adv.*, March, 1887).

Case 1. Age 20. Acute dysmenorrhœa since her betrothal worse and worse at every monthly period the nearer the time of her marriage approached, great impatience and irritability. Nux vom. 30 (F C) dose every 15 m. All pain and irritability left after the third dose.

Case 2. Acute dysmenorrhœa. Veratrum album. Patient aged 23, fond of balls, late hours, etc. Intense nausea ending with vomiting and diarrhœa, cramps in stomach, bowels, womb, legs, chilly, pale, cold, clammy sweat on forehead. Ver. alb. 200 in water, teaspoonful doses at intervals of one, two and four hours as needed. Three doses cured.

Case 3. Chronic dysmenorrhœa. Lycopodium (sixteen years ill). Flow regular—normal in quantity, dark clots and flow. Pain day before the flow, deep in pelvis a wrenching pain, with a boring backache. Screams from pain, often cold, chilly perspiration all over, pale face. Better from recumbency—hot applications, backache relieved by pressure. Agg. from sudden noise and light, loss of appetite during flow, if she eats any thing it causes much flatulence, bloated feeling before and after flow, relief from eructations—habitual constipation. Tender feet, icy cold and dry. Sad and irritable before the flow, nervous, excited, depressed, lasting at times three or four months during which time she feels numb, lifeless, indifferent. Feels as if she were in a dream. Hot flushes to face, craves fresh air, easily moved to tears. Lyc. cm. (F C) one dose cured.

Dysmenorrhœa (Prof. J. T. Kent, M. D.—St. Louis *Periscope*, Dec., 1886).

Case 1. Age 23, suffered since first menstrual nixus which occurred at 13 years. Pain in uterus and down the limbs. Flow every three weeks, hungry, all gone feeling before and during flow, cold feet, agg.

of pain from standing, dizziness when going up stairs, voracious appetite. Cal. phos. cured. The fact that the trouble dated back to puberty led to the selection of the above remedy.

Case 2. 24 years old, suffered since puberty. Always kept her bed during first day. Flow too early, profuse, lasting five days. Labor like pain, bearing down in vagina. Cal. phos cured in two months.

Case 3. 22 years old. Menses too soon—lasted from seven to ten days, flow dark, clotted, pain at the beginning, some relief from passage of membrane. Aphthous patches in mouth, sometimes on the labia, white of egg leucorrhœa before menses, labor like pain up the back and down the thighs, sometimes to the stomach causing vomiting. Would weep from music, and become frightened when going down from height, as in elevator. Borax 3m cured, the second period free from pain, relief has been permanent. (*Hom. Phy.*)

## NOTES ON DISEASES OF CHILDREN.

BY DR. M. H. VAN TINE.

IN the *Clinique* of Chicago for July 15, 1886, Dr. J. C. Morgan sets forth the evils arising from improper medication and overstimulation in the treatment of scarlatina.

He declares,† that during thirty-four years practice, both allopathic and homœopathic, he has seen but a single case of such as he considers “severe or serious,” when he was called in the first place, and in that one instance, he attributes the virulence of the disease to the preliminary treatment.

The worst cases which he has seen in consultation, or inherited from other physicians, having nearly always been, despite Hahnemann’s cautions, freely dosed with belladonna. He continues: “Hahnemann has pointed out the fact that after the sufficient primary drug-impression is made, the next thing required is the secondary vital reaction in the reverse direction, only possible when the drug is withheld at the proper time; and that continued drugging can but antidote any favorable early effect—in common phrase, aggravate. If only partially homœopathic, the drug, acting upon a system with a sensitiveness so enormously exaggerated as in scarlatina, may well produce a storm of added, artificial disease, and even death. Far better no medicine—no doctor! That this is the secret in nine-tenths of the severe cases I more than half suspect, for in those which I have met, whether allopathically or homœopathically treated previously, such has invariably been the case. Particularly the “antiphlogistic” idea has seemed the most fatal in practice, and next to that the “supporting,” so-called. My own



allopathic treatment (1852 to 1855) [was in this, and other eruptive fevers, of the medium type, viz. : a *moderate* use of carbonate of ammonia in emulsion, and I lost none thereby. In subsequent (homœopathic) years I gradually concluded that, for modern scarlatina, belladonna continued the prophylactic *par excellence*, but had little or nothing to do with curing it in our country and in our day. The ground for this conclusion was that it rarely, if ever, announced itself with those purely *sthenic* characteristics, of which *bell.* is the type, next to *aconite* ; and much less did the latter drug, so often mischievously alternated with it, find any legitimate relation to this fever."

Considering the drowsiness, convulsions, crimson face, congested or inflamed mucous membranes, with occasional delirium of the half sleeping, half walking sort, such as is seen in malarial fevers at their onset in children, he recommends gelsemium as the similimum instead of the honored belladonna.

He speaks of ailanthus, where it meets the indications, which it may do in a very limited number of individuals.

When drowsiness and delirium are notably wanting, as in cases of children of robust constitution, but the fever is high, and there is a great deal of sore throat, thirst, and cutaneous irritation, ferrum phosphoricum is the remedy. Another group having the characteristic restlessness, rheumatic pains, fever, typhoid appearances, stupidity, sordes on the teeth, coated, red pointed tongue, dark red eruption, etc., call for rhus tox.

While giving this, or any other narcotic drug, he advises watchfulness lest exhaustion, congestive chill should ensue upon the beautifully remittent action obtained therefrom causing one of two results : first, a fatal prostration, or, second, a secondary febrile storm, both of them varieties of the aforesaid "severe cases."

The first is readily met by ars. high, watching carefully the effect of each dose.

"The second variety will tax the brain and the heart of the best of prescribers, for these are they that fill the little graves and empty the little chairs ! Oh, let us beware of causing such ! They may arise, too, from overstimulation, as by *arsenicum* and other 'supporting' drugs, or from too much beef tea, whisky, etc. These are surely misplaced, whilst the urine deposits none of the urates of remission, whatever the name of the fever.

"This secondary febrile storm verges upon or becomes a 'hyperpyrexia,' a condition of fatal significance in many cases. It is probably essentially paralytic, affecting the *inhibitory* sphere of the nervous system ; hence the heart is whipped up by its uncontrolled motor



nerves ; the temperature rises, unrestrained by its regulating forces; the cerebrum runs riot in congestion with meaningless and unbalanced activity and babbling talk, or coma takes its place ; involuntary evacuations occur, and flapping of the nostrils (untouched by *Lycopodium*) ; finally exhausted nature ceases to struggle, as in cases of fatal 'thermal fever.' Collapse (atelectasis) of the lung, is, I think, at least an occasional incident of these cases.

"Can any thing be done for such patients? Doubtful ! Still we must try, and firstly, consider *moschus*. In old school practice it is held to be of high rank in febrile paralytic states, both algid and pyrexial. With us it has been too little regarded. Dr. H. C. Wood has recently urged it upon the renewed attention of his own colleagues.'

Camphra and cuprum are in place when indicated.

The soreness of mouth and tongue are met by arum triphyllum.

When there is ulceration of mouth, tongue, and nostrils, with acrid secretion, and after abuse of mercury, he recommends nitric acid."

For the various sequacæ of ears and kidneys, he offers for consideration, for the ears : merc., nitric acid, phos., rhus, and puls. For the kidneys : apis., ars., merc., helonius.

In a report read before the Beech Fork Med. Society at Lebanon, Ky. (*Med. Herald*, Louisville, Ky., Dec. 1886), Dr. R. D. Knott gives an account of an epidemic of scarlatina which occurred in his vicinity during the spring and summer of 1885.

The number of victims was from seventy-five to one hundred. No deaths resulted either from the primary fever or from the sequelæ. It was contagious in a marked degree, as few, if any, children escaped an attack after being exposed to the infection.

Many cases were so mild as to call for no medical treatment throughout the duration of the attack, hygienic restrictions and confinement to the room being all that was necessary.

The disease selected children of all ages and young adults for its victims.

Dr. K. dwells more particularly upon the treatment employed than upon the manifestations peculiar to this special epidemic.

The angina, which was nearly always present, he treated with hot water applied externally to the neck by means of flannel, and used as a gargle by older children. To this was sometimes added carbolic acid or listerine. When there was ulceration or sloughing of the tonsils, a powder composed of equal parts of pulv. sulphur, oxide zinc, and borate of soda was used with powder-blower or poured to the throat. In deep ulcerations, accompanied by great pain, he found the subnit. bismuth, applied in the same manner, afforded great relief.

For joint pains, simulating rheumatism, the salicylate of soda was given from the beginning until the period of desquamation.

Sulphate of quinine, in doses of seven or eight grains, was given to children of nine or ten years of age to reduce the temperature, but he found more satisfactory results from cold water baths and sponging with cold water. The results were not permanent, however, and the bath had to be repeated in from one to six hours.

The sequelæ, general anasarca, and renal complications were successfully combated with warm baths and digitalis.

Much has been said and written about the application of cold water by means of the pack, douche and bath, in the treatment of exanthematous diseases.

It would be gratifying to learn by what means the parents' objections to this mode of procedure are overcome, as well as how to quiet the resistance which is likely to be offered by the little patients themselves.

23 Smith St., BROOKLYN.

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## ROTHELN.

BY B. F. UNDERWOOD, M. D.

ACCORDING to the text books, Rotheln, or as it is more commonly called, French or German measles, is a disease of comparatively small importance. "Rotheln is a contagious eruptive disease of benign nature, occurring epidemically, and bearing a close resemblance to mild forms of measles and scarlatina."—Meigs and Pepper. Dr. J. Lewis Smith also speaks of it as a mild disease, and says, "The prognosis in uncomplicated cases is always very favorable, and there is no liability to sequelæ more than in mild catarrhal inflammations of a non specific character." ("Diseases of Children.") In Strumpell's Text Book, the disease receives scant courtesy and is dismissed with but little more than a half a page of description, although he says, "The constitutional disturbance is generally so slight that the child can hardly be kept in bed. Important complications hardly ever occur. The prognosis is therefore perfectly favorable, and the employment of any special treatment is needless." In Arndt's "System of Medicine," Winterburn says of Rotheln, "that it is not a fatal disorder," and again, "As there are no fatal cases of rotheln." Quotations bearing testimony to the slight importance of the disease might be multiplied indefinitely, but from a recent experience with this disorder I am convinced that it is, either not always correctly diagnosed, or it is sometimes a much more serious disease than the above quotations would

indicate, assuming at times, even a malignant form. In a case recently seen, the attack was ushered in with chill, fever and sore throat, which was rapidly followed by the development of membranous patches upon the throat, hoarse cough and voice. When I first saw the cases these symptoms were present with the addition of fever, a pulse of 160. The throat symptoms yielded somewhat to treatment, but on the second day of my attendance, and the fourth day of the disease a rash appeared, resembling measles, which ran a regular course, the other symptoms gradually subsiding, although the pulse remained at 160 for nearly a week. With the disappearance of the rash the eyes became affected, inflamed and very sensitive to light, which symptom yielded very slowly to treatment and lasted for about ten days. In a second case, mother of the above patient, the disease was ushered in with neuralgia of the face which was followed by fever, a pulse of 140, and the appearance of an eruption on the face. This came out so thickly that the face was completely covered, not the smallest spot of the cutaneous surface being free, while the face was so swollen as to almost lose the semblance of a human face. With this there was a dry, hard cough which was so frequent and so hard, as to prevent any sleep or rest. The voice was almost lost in a kind of a squeal. The eyes were inflamed and swollen and were not able to bear any light for about a week. The rash extended gradually downward, covering the body and limbs as thickly as it had the face. For two days this patient was in a very dangerous condition and did not fully recover from the attack for a month. With the disappearance of the rash, a diarrhœa came on, of a light, watery, very offensive, frequent stool, with nearly constant abdominal pain. This diarrhœa was present in all cases, but in the last mentioned case it was increased to an actual inflammation of the bowels.

The diagnosis in the earliest of these cases lay between rotheln and measles. In favor of the former was the character of the rash, the severity of the symptoms, the cough and bronchial symptoms. As against it, the fact that those affected had previously had the measles, that in one case the rash was more of the character of an evenly diffused redness, the absence of the usual catarrhal symptoms of the initial stage of measles, that the inflammation of the eyes followed the disappearance of the rash, and finally that in other cases where the symptoms were unmistakably those of rotheln, the disease was attended with the same complications. Winterburn mentions as a distinguishing sign from small-pox the absence of the peculiar, sickly odor of that disease, but in several of these cases a marked disagreeable odor was present. He also gives as diagnostic symptoms of rotheln, “. . . The uniformly mild course of the disease,

the absence of the cough and marked coryza, the roundish spots of the eruption, which do not tend to run together into crescentic patches, the state of the bodily temperature before, during, and after the eruption, and the freedom from bronchial and laryngeal symptoms," all of which distinguishing marks were conspicuous by their absence. A severe and obstinate complication, or rather sequelæ, in these cases was the diarrhœa. The objection may be made that the diagnosis in these cases was not correct and that the disease was not rotheln, but the fact remains, that in cases where the diagnosis could be readily made the same complications and sequelæ were present.

In the *International Journal of Medical Science* for January, Dr. Atkinson communicates the results of a special study of this disease. He defines rotheln, or as he thinks it should be called, rubella, as a specific, exanthematic, contagious disorder characterized by a period of incubation, lasting usually from two to three weeks; a prodromal period varying from a scarcely appreciable interval to one day, less commonly two, and very rarely several days; and an eruptive period in which there is an exanthem closely resembling that of measles; there is very rarely any desquamation after the rash."

There is, as may be seen from these extracts, a wide divergence of opinion on many points concerning this disease; thus Atkinson says there is very rarely any desquamation, while Meigs speaks of desquamation as frequent, and Winterburn refers to it as if it were constant. The latter also describes the rash as "never fully developed all over the body at the same time. No matter on what part of the surface it begins its invasion, it proceeds so sedately in its march from part to part, that the earlier macules have lived their life and departed, leaving nothing but a staining of the skin to show where they have been, before the later ones appear. As each macule remains visible only from three to twelve hours, if the first spots are upon the face, these will be quite gone thirty or forty hours before the development of the rash upon the thighs." This is not mentioned by any other author and is directly contrary to my own experience.

The point I desire to make is, that from a comparison of these authors it is evident that the disease is not yet thoroughly understood, and that it may be a much more serious disorder than is generally believed. In serious cases it is quite possible for rotheln to be diagnosed as scarlatina or measles, in one recent case the resemblance to scarlet fever being very strong. This being the case, a careful clinical study of the disease by those having the opportunity will amply repay the time expended.

## ABSTRACTS.

*APHORISMS On The Diseases Of Children.—In General.—*

1. Diseases of children resemble those of the adult in location and name, but differ greatly in form, development, reaction and termination.
2. Age expresses the quantity and quality of vital force, as the figures on a dial indicate morn, high noon and declining day.
3. Before attaining an independent existence, the new born child must finish at the breast an existence, the first half of which has been passed in the womb of its mother.
4. New born children have but little power to resist external influences, consequently a quarter of them die before the end of the first year.
5. New born children may have at birth latent diseases, which do not develop for several days, weeks, or even years. These are hereditary diseases.
6. New born children, and infants at the breast, are in a condition certainly favorable to the development of certain diseases, especially ophthalmia, croup, eclampsia, diarrhœa, eruptive fevers, etc.
7. Disease is simply transformed impressions that is the manifestation in the body of external influences, acting upon the body.
8. During the first infancy, organic lesions are less frequently inflammatory than in the second infancy; suppuration of the tissues is less common, but more malignant.
9. Subacute and chronic forms of disease are less common in the infant than in the adult.
10. During the first infancy there is no absolute relation of the organic lesions and the intensity of the symptoms.
11. High fever, accompanied with restlessness, cries and convulsions, may disappear within twenty-four hours, leaving no traces or after effects.
12. The diseases of infancy usually present externally a series of symptoms sufficiently characteristic for their diagnosis.
13. During infancy, a yellowish tinge of the skin, sclerotic and base of the tongue, always indicates disease of the liver.
14. Sudden and rapid blanching of the face and lips, with deeply sunken eyes, is always a sign of grave and intestinal disorder.
15. Cyanosis, unaccompanied with fever, is symptomatic of heart disease, or the persistence of the foramen ovale.
16. Cyanosis, accompanied by fever and loss of sensation, is a sign of asphyxia, due to croup or bronchitis.
17. Sudden, momentary, and intermittent flushes of the face, accompanied with fever, is a sign of acute cerebral disease.
18. Alteration of the features by paralysis, successively of the eyelids, the nose, and muscles of the face, with or without strabismus, indicates an affection of the brain, sometimes only of the facial nerve.
19. Distortion of the features by great disproportion of the face and cranium is indicative of chronic hydrocephalus.
20. An infant with fever whose nostrils dilate and contract visibly at each respiration, is affected with acute pneumonia.



21. An "aged" countenance in a young child is indicative of pulmonary tuberculosis and chronic enteritis.

22. Strabismus accompanying fever is indicative of acute meningitis (encephalitis) and will be followed by convulsions.

23. Primary strabismus in a child otherwise healthy, is simply a localized muscular paralysis.

24. Redness and weeping of the eyes, accompanied with fever, indicates the incubation of measles.

25. An infant who is frightened at, or attracted by, an imaginary object, striving to escape from it, or to grasp it, is threatened with some cerebral affection.

26. An infant constantly having its hands in its mouth and biting its fingers, is troubled with difficult teething.

27. Children that cannot stand up at the end of two years, and whose fontanelle remains open, are rachitic.

28. A child who has rapidly lost its plumpness, and whose cheeks are pale and soft and flabby, has had, and still has, diarrhœa.

29. The feeble cry of a new born child indicates a low, vital power, and imminence of death.

30. A prolonged cry very strong, but intermittent, as a rule, indicates acute hydrocephalus.

31. A muffled, hoarse cry, is indicative of the last stage of croup.

32. A disproportionately large belly in an infant of one or two years, indicates rachitis, or chronic enteritis.

33. Jerky, sighing expiration indicates acute pneumonia.

34. Inspiration suddenly arrested at each effort by a convulsive or spasmodic action, indicates acute pleurisy.

35. A short, tremulous and incomplete expiration, accompanied by a long inspiration in every eight or ten, indicates acute peritonitis.

36. Short, incomplete and murmuring respiration indicates simple or suppurative meningitis.

37. Deep respiration, occurring at long intervals, indicates delirium.

38. Deep, lateral constriction of the base of the thorax, at each respiratory movement during fever, indicates acute pneumonia.

39. Permanent lateral flatness of the thorax, with a series of chondro-costal nodes, indicates rachitis.

*Fever.*—40. At no other epoch in life is the heart so easily impressed and so variable, as in infancy.

41. Mental impressions increase the movements of the heart as much as fever.

42. Increase of movements of the heart, due to fever, is always accompanied by an increase of body temperature, and this differentiates the increase due to nervous impressions.

43. Fever manifests itself by an acceleration of the pulse, and an elevation of the body heat.

44. Fever, present or past, leaves upon the tongue of an infant a red "pile," due to the turgescence of the capillaries, papillæ, (villous tongue). This is the last trace of the organic movement.

45. An infant having a sad and downcast countenance, and peevish, easy to cry, ever ready to lie down and sleep, who bites his finger nails



and lips, and shakes his head, and strike his limbs against each other, has a fever.

46. Chills are extremely rare in nursing children.

47. Profuse sweating does not occur in children suffering with intermittent fever, it is generally replaced by simple moisture of the skin.

49. Fever is always noticeably remittent in acute diseases of young children.

50. In chronic diseases of young children fever is generally intermittent.

51. High fever diminishes the quantity of urine, concentrating the solid constituents, rendering it irritating to the urinary passages.

52. Very high fever habitually stops the secretion of tears.

53. The body temperature, measured under the axilla, rises one to three degrees in acute disease of children; under the exclusive influence of the fever, and not from any particular disease, exactly the same as in the adult.

54. Heat production is proportional to the vital force of the new born.

55. Heat production depending upon food and clothing, is lost so easily in weak and feeble children, that death, by cold, is the consequence.

56. Heat production is very much lessened when there is induration of the cellular tissue of the new born.

*Ophthalmoscopy*.—57. The eye is simply an expansion of the brain, in which one can often perceive by means of the ophthalmoscope, lesions which indicate those which are occurring in the organ of thought.

58. The purpose of cerebroscopy is to discover, through the eye, that which is taking place in the cerebro-spinal system.

59. Whenever nervous troubles, paralytic, convulsive, or otherwise, are accompanied by lesions of the pupil of the retina, or of the choroid, they are dependent upon a lesion of the brain, its meninges or the spinal cord.

60. Every intracranial obstacle of such a nature as to hinder the venous blood from entering the cavernous sinuses, causes in the retina certain troubles of circulation, secretion, and nutrition, which are of value in diagnosis of certain diseases of the brain.

61. In certain diseases of the brain and of the cord, the great sympathetic exerts an influence upon the circulation of the retina, which produces quite marked lesions, easily ascertained by means of the ophthalmoscope.

*Spasm of the Glottis*.—62. Brief attacks of suffocation, and asphyxia suddenly occurring without fever, ending with very sharp hiccough, indicate phrenoglottic convulsions, spasm of the glottis.

63. Spasm of the glottis often ceases under the influence of intercurrent disease.

64. Spasm of the glottis may be cured by change of air.

65. Spasms of the glottis followed by general convulsions is fatal.

*Tetanus*.—66. Contraction of the muscles, tetanus of the extremities, without fever, is due to a local affection of the muscular system.

67. Contraction of the extremities, accompanied with trouble of the

sensory nerves, and fever, is symptomatic of diseases of the nerve centres.

68. Contraction following eclampsia is seated in the muscles.

69. Contraction of the extremities, may lead to atrophy of the muscles, fatty degeneration of these tissues, and articular deformities.

70. Contraction of the extremities often disappears under the influence of electricity.

*Paralysis.*—71. Primary paralysis of one or more muscles of the trunk or limbs, accompanied with pain, is usually due to a local affection of the muscular system.

72. Paralysis of one or more muscles following eclampsia, has its seat in the muscles.

73. Partial or general paralysis, following febrile convulsions, is due to a lesion of the nervous centres, or branches.

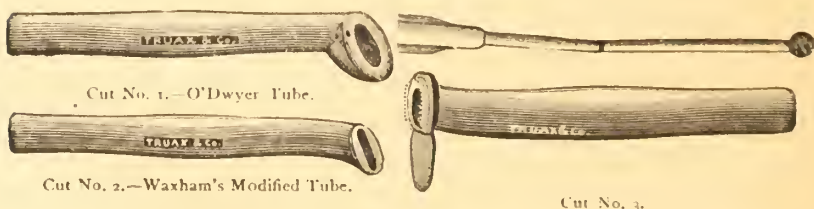
74. Muscular contraction in children leads to suppurative or fatty degeneration of the muscles, and shortening of the limbs.

75. Any neuroses, whether convulsive, spasmodic, painful or mental, may occur as sequelæ during convalescence from acute inflammatory diseases, virulent or septic.

76. Idiopathic paralysis often occurs after the cure of an acute disease in the course of the convalescence.

77. When an acute inflammatory disease, virulent or septic, has ceased and a simple muscular sensory paralysis manifests itself, it is an idiopathic paralysis, independent of any organic alteration of the nerves, or of the brain.

*MODIFIED Intubation Instruments.*—Exhibited to the Chicago Medical Society, February 7, 1887, by F. E. Waxham, M. D., Chicago. I wish to say a few words this evening in regard to intubation of the larynx in connection with the specimens and instruments I have to present. About thirty years ago a new operation was proposed as a substitute for tracheotomy, by M. Bouchut, of France, and so great was the opposition to this new operation, which was styled tubage of the larynx, that a committee headed by Trousseau, appointed by the Academy of



Medicine, reported adversely in regard to it, and the operation was so deeply buried in oblivion, that early operators in this country were not even aware of the attempts and failure of Bouchut.

The most earnest advocates of intubation do not consider that the instruments are perfect, indeed the operation is yet in its early infancy, and it may be years before the method is fully and perfectly developed. One of the chief objections to the operation, indeed the only valid objection, is the difficulty of swallowing, the danger caused by the

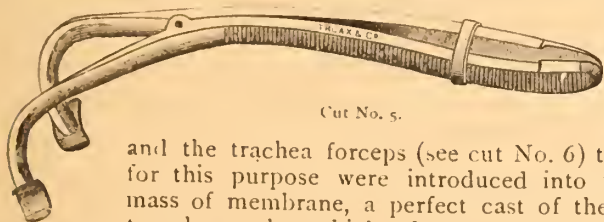
falling of food and fluid into the bronchial tubes through the canula, and the too frequent occurrence of broncho-pneumonia. I would not exaggerate this danger, but certainly it is true that many patients die of broncho-pneumonia from this source. To overcome this difficulty I have had Messrs. Charles Truax & Co., of this city, modify the O'Dwyer tubes, by making them with smaller heads.

The tube is prevented from slipping into the trachea, by a rubber collar. (See cut No. 3.) To this rubber collar is attached a flap, or artificial epiglottis. (See cut No. 4.) During the act of deglutition the larynx rises and presses against the base of the tongue and the epiglottis, and the pressure of the epiglottis holds the rubber cap, or artificial epiglottis, over the aperture of the tube, thus preventing the dropping of solids into it, and as deglutition ceases, the larynx falls and the elasticity of the rubber throws it upwards. This rubber attachment does not entirely prevent the falling of liquids, of water particularly, into the tube, but it is of very great assistance in swallowing solids and semi-solids. I have used this modification in a number of cases with good results, and I have now a little patient convalescing from a desperate attack of diphtheritic croup, in which this modification was used.



Cut No. 4.

I would also present a modification of the mouth gag. (See cut No. 5.) In the old gag the extremities are liable to strike the shoulder, especially if the child is not held well and is allowed to slip down in the lap of the attendant, the extremity of the gag striking the shoulder and throwing it out of the mouth. This gag passes back of the head and we avoid the danger of the gag being displaced by pressure of the shoulder. This gag was first suggested by Dr. McWilliams, of this city, and has been in the market for several months. There is still another danger that may follow the introduction of the tube, and that is the detachment of membrane below the tube, or the pushing of membrane down ahead of the tube when it is introduced. An accident of this nature occurred to me recently; a tube was passed down into the larynx and the respiration at once ceased, the child turned blue and seemed upon the point of death. The tube was at once removed, but the respiration was only

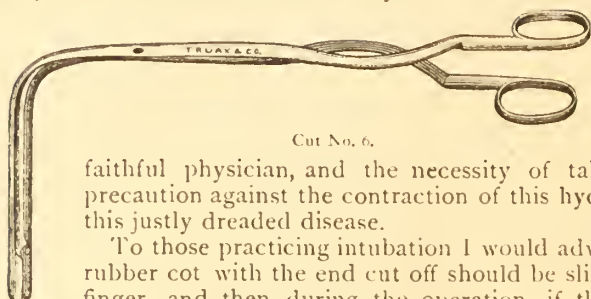


Cut No. 5.

slightly improved and the tube was again introduced, with the same result. It was again removed and the trachea forceps (see cut No. 6) that I have devised for this purpose were introduced into the mouth and a mass of membrane, a perfect cast of the trachea and the two larger bronchial tubes, removed. After the removal of this cast the tube was again introduced, and respiration was easy. Without these forceps an immediate tracheotomy would have been necessary.

In this connection I present to the Society a membranous cast from the trachea, larynx and bronchial tubes of the late Dr. Newton. This specimen is remarkable not only for its thickness and its extent but for the rapidity of its growth; it was produced within three or four

days after the invasion of the larynx. The fate of Dr. Newton, whose



Cut No. 6.

early death we all regret most sincerely, teaches us a sad lesson; it teaches us the danger that besets the faithful physician, and the necessity of taking every possible precaution against the contraction of this hydra headed monster, this justly dreaded disease.

To those practicing intubation I would advise that an ordinary rubber cot with the end cut off should be slipped over the forefinger, and then during the operation, if the gag is displaced, the finger is protected; as an additional protection, it will be well for the operator to use a respirator (see cut No. 7.), an ordinary pad of antiseptic gauze with tape attached to secure it in place. This pad should be passed over the mouth and nostrils and should be used by the physician when inspecting the throat or when operating upon a bad diphtheritic case. I believe it is a duty that every physician owes to himself, his family and friends, to take these precautions, especially in the treatment of bad diphtheritic cases.



Cut No. 7.

*WHAT To Do in Cases of Poisoning.*—By William Murrell, M.D. —If sent for to a case of poisoning go at once—the patient's life may depend on your prompt attendance. If at night, do not stop to dress—scanty attire is permissible on these occasions.

Take your antidote bag or case with you. If you have neglected to provide yourself with one, lose as little time as possible in hunting for what you want. Do not go without a stomach-pump or tube, and remember that you will require your hypodermic syringe, and very likely the solution of atropine. Your knowledge of the treatment of cases of poisoning may be excellent, but if you are without the requisite appliances you are of very little use.

Inquire of the messenger what is the matter. His information will probably be unreliable, but you may get a hint that will enable you to decide at once on a plan of action.

Go straight to your patient and do not waste time in talking to his friends.

Make your diagnosis as quickly as you can, and commence treatment at once. If in doubt you will probably not be far wrong in giving a hypodermic injection of apomorphine or some other good emetic.

Order at once everything you are likely to require, and send for anything you may have forgotten, so that there may be as little delay as possible.

If the room is full of people get rid of them or they will hamper your movements. Do not try to turn them out or they will make a scene and add to your troubles, but give them something to do—tell them to go



and make coffee, for example. If you notice vomited matter, put in a cupboard or other safe place, when you have time ; it may be wanted. Take charge of any bottles that may be about, even if they are empty.

Time is of the utmost importance, but try and avoid all appearance of hurry, and give your orders quietly and calmly.

Never regard a case as hopeless. In every case, if you see the patient at once, and have the requisite appliances at hand, there is a good chance of recovery. In children and those enfeebled by disease, the prognosis is not so good. If the drug has been taken hypodermically it is an awkward complication.

Do not relax your endeavors because at first your efforts appear unavailing. You may have to work away for three or four hours before there is much improvement.

Should you have a consultation? This is a difficult question to answer, so much depends on the particular circumstances of the case. If you are quite sure of yourself and know you can pull your patient through, the fewer people you have the better ; but if the issue is doubtful it is a great help to have a friend who will not only give you the benefit of his advice but will share the responsibility. You cannot pay a man a greater compliment than to call him in in consultation in a case like this. Often enough it is not only the patient's life, but the family reputation which is at stake.

Do not leave your patient alone even when he has apparently quite recovered. Often enough as the circulation improves the symptoms reappear, probably from reabsorption of the poison. When there is a suicidal tendency there may be a renewed attempt in some other form.

Be sure of your diagnosis. Some time ago I was called in to see a young lady who was said to have attempted suicide—it was a love affair—with laudanum. I applied the stomach-pump without a moment's delay and then inquired how much she had taken. They said "a large quantity—two doses," so I used the stomach-pump again. I could not detect any smell of laudanum, so I asked how much she had taken altogether, when I found to my disgust that it was only six drops ! I gave a favorable prognosis and went home.

Be cautious in giving a diagnosis, especially if you yourself are not very sure what is the matter, and be still more cautious in giving a prognosis. It is not a wise thing to endeavor to calm the friends by telling them there "is no danger," or that he "will be all right soon," for you may prove a false prophet, and they will not readily forgive you.

When you get home jot down a few notes of what happened, noting especially time, doses, etc. The circumstances are fresh in your memory, and if you fail to take this precaution you may find to your cost how quickly things are forgotten.

It is possible that you may experience a difficulty in remembering the antidotes to the various poisons. If so, rest assured that your knowledge of pharmacology is defective. All rational treatment of cases of poisoning is founded on a correct appreciation of the physiological action of drugs.

*The Diagnosis of Cases of Poisoning.*—How can you tell from what poison the patient is suffering ? Sometimes nothing is more easy, whilst at others it is extremely difficult to arrive at a correct conclusion. A



search for the bottle which contained the poison, or an inquiry of the nearest chemist may, of course, help you, whilst a knowledge of the sufferer's previous habits and of his disposition may be of some assistance. The diagnosis is not always so easy as it looks at first sight. For example, you are called in to a patient who is evidently suffering from the effects of some narcotic poison, and on a table close at hand you find a hypodermic syringe, and a bottle of morphine; you conclude at once that it is a case of morphine poisoning, but you may be wrong. The patient had intended to kill himself that way, but dreading the trifling pain of the puncture, or not being expert in the use of the syringe, changed his mind at the last moment, took 300 grains of chloral and threw the bottle under the grate. (For hint as to mode in which death by suicide may be made to simulate death from natural causes see death of Gammon, in Warren's "Ten Thousand a Year.") Do not forget the possibility of a number of poisons having been taken together. In one case a patient adopted a curious combination—a packet of Battle's Vermin Killer, two drachms of laudanum and then half a drachm of red precipitate. It is a good plan to make yourself acquainted with the composition of those patent medicines which possess active properties. There is no royal road to diagnosis, and the only way to arrive at a correct conclusion is to utilize your knowledge of the physiological action of drugs. The following lists may be of some use, but no attempt has been made to render them complete, and they must be taken as being merely suggestive.

*You find the Patient Dead.*—Prussic acid (death in a few minutes at the outside), cyanide of potassium (usually kills very quickly), strong ammonia (may kill in a few minutes), carbonic acid gas (if pure may kill almost at once), carbonic oxide, oxalic acid. Almost any active poison if given in a very large dose.

*The Patient is Comatose.*—Opium, morphine, alcohol, chloroform, camphor.

*The Patient is in a Condition of Collapse.*—Strong acids, alkalies, aconite, antimony, arsenic, tobacco, lobelia. Most poisons towards the last.

*The Patient is Delirious.*—Belladonna (noisy, pleasing delirium, "the insane root that takes the reason prisoner"), hyoscyamus, stramonium, cannabis indica, alcohol, camphor.

*The Patient is Tetanized.*—Nux vomica, strychnine (think of vermin killers), antimony, arsenic. There may be a condition approaching tetanus from excess of pain—in poisoning by strong ammonia for example.

*The Patient is Convulsed.*—This may mean any thing, the term being used vaguely. Antimony, arsenic, carbonic oxide, aconite. Strong acids such as acetic or sulphuric, or strong alkalies such as ammonia.

*The Patient is Paralyzed.*—Physostigmine, conium (from below upwards), gelsemium, aconite, arsenic, lead.

*The Pupils are Dilated.*—Belladonna and atropine, hyoscyamus, stramonium, opium (in the last stage), aconite, alcohol, chloroform (when taken in liquid form), conium.

*The Pupils are Contracted.*—Opium (very strongly if a large dose), physostigmine, chloral (during sleep).

*Skin dry.*—Belladonna and atropine, hyoscyamus, stramonium.

*Skin moist.*—Opium, aconite, antimony, alcohol, tobacco, lobelia. Almost any poison during the stage of collapse.

*Rash on Skin.*—Belladonna (resembles rash of scarlet fever), stramonium (much like the belladonna rash), chloral (urticaria), arsenic (eczema, or may be like scarlet fever), antimony (pustular, like small-pox, but rare), opium (itching, followed by urticaria or papulous or roseolous patches, not common). Many other drugs excite cutaneous eruptions. For example, bromide of potassium and tar produce acne, copaiba, cubebs, and salicylic acid give rise to urticaria, and iodide of potassium may bring out a crop of petechiæ. Croton oil, tartar emetic, sulphur, hydrastis, and arnica are well-known rash producers when applied locally. I have known croton-chloral hydrate given for whooping-cough bring on urticaria. The discoloration of the skin resulting from long-continued administration of silver requires no detailed notice.

*Smell of the Drug in the Breath.*—Prussic acid, laudanum, alcohol (brandy, whisky, etc.), carbolic acid, acetic acid, ammonia, chloroform, creasote, iodine, phosphorus, camphor, nitrobenzole. The smell is not always a reliable guide; for example, laudanum is not uncommonly taken in porter.

*Mouth and Tongue dry.*—Belladonna and atropine, hyoscyamus, stramonium, opium.

*Salivation.*—Arsenic, ammonia, cantharides. Most drugs which produce a corrosive action on the mucous membrane of the mouth or œsophagus. Mercury, jaborandi and muscarin may also be mentioned.

*Mouth Bleached.*—Carbolic acid (mucous membrane white and hard), ammonia (epithelium coming off in flakes), potash, soda, nitric acid (white, soft or yellow), corrosive sublimate. The numbness of the lips, mouth and tongue, produced by aconite, will not be forgotten.

*The Patient is Vomiting.*—Arsenic (brown, mixed with blood), antimony (white, stringy mucus, may be tinged with blood), digitalis (vomited matter has a grass-green color), aconite, colchicum, colocynth, ammonia (stringy saliva mixed with blood, fumes with hydrochloric acid), phosphorus (vomited matter luminous in the dark).

*The Patient is Purged.*—Arsenic (continuous with much pain, stools mixed with blood), antimony, corrosive sublimate (green in color, mixed with blood), cantharides (blood and slime), digitalis, colchicum, colocynth.

*The Patient is suffering from Colic.*—Lead (about navel, eased by pressure), copper, arsenic, colocynth.

*The Patient is suffering from Cramp.*—Arsenic, antimony, lead.

*The Drug was given Hypodermically.*—Morphine, atropine, strychnine.

*The Poison was Inhaled.*—Ammonia, prussic acid, chloroform, ether, benzene, carbolic acid gas, carbonic oxide, coal gas, sewer gas, cesspool gas and emanations.

*Poisons commonly used for Murder.*—Arsenic, antimony, aconite, digitalis, opium, strychnine, prussic acid.

*Poisons commonly employed for Suicidal purposes.*—Opium and its preparations (commonest of all poisons), oxalic acid, rat paste, prussic

acid, chloral, sugar of lead, strychnine. Patent medicines of all kinds unintentionally.

*Drugs used popularly as Abortifacients.*—Ergot, rue, gin and pennyroyal, savine, bitter apple (colocynth, very popular), hickery pickery (hiera picra, or holy bitter, a mixture of four parts of aloes and one of canella bark), Spanish fly (cantharides), yew tree tea, green tea in large quantities; quinine is often supposed to exert a specific action on the pregnant uterus, but that it does so I do not for one moment believe, given, that is to say, in ordinary doses for its tonic action. I have now under treatment a woman who is at least eight months advanced in pregnancy. Last week she had four grains of good sulphate of quinine three times a day, and this week she has six grains, three times a day, but there has been no action on the uterus. I should say that two five-grain compound colocynth pills at bed-time would be far more likely to do harm. *Actæa racemosa* (*cimicifuga racemosa*) is sometimes said to be an abortifacient, but there is very little truth in the statement; at all events half a drachm of the tincture three times a day is safe enough even in the latter months of pregnancy. *Pulsatilla* is supposed to be capable of producing abortion, but this again rests on very imperfect evidence. "A handful of parsley chopped fine in a bottle of gin, allowed to stand a week, and a wineglassful three times a day."—*Hospital Patient.* What truth there is in this I do not know, but the *rationale* is clear enough, parsley contains apiol which is a powerful oxytocic. *Jaborandi* was at one time supposed to exert a powerful action on the uterus, but the idea is now exploded.

*Indigenous Poisonous Plants.* Woody nightshade (*solanum dulcamara*), garden nightshade (*solanum nigrum*), deadly nightshade (*atropa belladonna*), aconite, monkshood, wolfsbane or blue rocket (*aconitum napellus*), foxglove (*digitalis purpurea*), spotted hemlock (*conium maculatum*), arum (*arum maculatum*), colchicum (*colchicum autumnale*), bryony (*bryonia dioica*), henbane (*hyoscyamus niger*), fly agaric (*amanita muscaria*), mezereon, or spruce olive (*daphne mezereum*), laburnum (*cytissus laburnum*), and a host of others. These will be found figured in Stephenson and Churchill's "Medical Botany," and in Bentley and Trimen's "Medicinal Plants."

*Supposed Active Ingredients of Popular "Patent Preparations."*—"Neuraline": aconite with chloroform and rose-water. Morison's Pills: aloes and colocynth. James' Fever Powder: antimony. Anti-Fat: *fucus vesiculosus* or bladder wrack. Hunser's Chloral: chloral with syrup of tolu and elder-flower water. "Fluid Lightning," an American application for neuralgia: aconitine, with essential oil of mustard, glycerine, and alcohol. Perry Davis' Pain Killer: spirits of camphor, tincture of capsicum, tincture of guaiacum, tincture of myrrh and alcohol. Brown's Bronchial Troches: cubebs, conium, acacia, liquorice and sugar. Lady Webster's Pills: powdered aloes, powdered mastich and petals of red roses in syrup of wormwood. The pills known as Lady Hesketh's and Lady Crespigny's have a similar composition. Valette's Pills contain sulphate of iron, carbonate of soda, honey and syrup. Parr's Life Pills: aloes, rhubarb, jalap, extract of gentian, oil of cloves, soft soap, etc. Holloway's Pills: aloes, jalap, ginger and myrrh made into

a mass with mucilage. Might give rise to dangerous symptoms if administered to young children or to persons debilitated by age or disease. Holloway's Ointment : Fresh butter, bees-wax, yellow resin, vinegar of cantharides, Canada balsam, expressed oil of mace and balsam of Peru or liquid storax. It is said that "no two samples are of precisely the same color or consistence." Mrs. Winslow's Soothing Syrup : Morphia with essence of anise and syrup of balsam of tolu. Mother's Friend : Opium with carminatives. Indian Tincture : Capsicum, cannabis indica, ether, and methylated spirit. Mother Seigel's Curative Syrup : concentrated compound decoction of aloes with borax, capsicum, gentian, oil of sassafras, oil of winter-green, taraxacum, treacle and rectified spirit. Reynold's Gout Specific : Colchicum. Blair's Gout Pills : Finely ground colchicum corms. Injection Brou : Sulphate of zinc, sugar of lead, laudanum, tincture of catechu and water. Locock's Pulmonic Wafers : Lactucarium, ipecacuanha and squills. Eau de Fleurs de Lys, "an infallible banisher of freckles : " A milky fluid consisting of two and a half per cent. of calomel, a trace of corrosive sublimate and common salt, with water scented with orange flowers. Eau de Blanc de Perles : An alkaline fluid with a thick deposit of about fifteen per cent. of carbonate of lead, scented with otto of roses and geranium. Lait de Concombres : Consists of soap, glycerine and cotton-seed oil made into a semi-emulsion with rose water. Norton's Chamomile Pills : aqueous extract of aloes, extract of gentian and essential oil of chamomile. Kitchener's Peristaltic Persuaders : Probably compound rhubarb pills with a little caraway. Keating's Cough Lozenges : Lactucarium, ipecacuanha, squills, extract of liquorice, sugar, and mucilage of tragacanth. Ruspini's Styptic : A strong solution of gallic acid in spirit of roses and perhaps a little sulphate of zinc. Roche's Embrocation : Olive oil mixed with oil of amber, oil of cloves and oil of lemons (see *British Medical Journal*, January 5, 1884). Holt's Specific (for whooping-cough) : Also known as Hooper's, is said to contain half a grain of tartar emetic in the dose (see *British Medical Journal*, January 5, 1884). Cohosh is *actæa racemosa* or *cimicifuga*. Hamlin's Wizard Oil contains camphor, ammonia, sassafras, cloves, chloroform, turpentine and spirit. Haarlem Oil is a mixture of balsam of sulphur, Barbadoes tar, oil of amber, oil of turpentine, and linseed oil. Barker's Poisoned Wheat, for killing birds : owes its poisonous properties to *Cocculus Indicus*.

Much useful information concerning the composition of patent medicines will be found in Cooley's "Cyclopædia of Practical Receipts," and in the "Anatomy of Quackery," by the same author. See also Kilner's "Compendium of Modern Pharmacy," 1882.

*An Unsuspected Source of Poisoning.*—There is a special source of accidental poisoning which is not generally recognized. I refer to the use of pills containing active ingredients coated with a preparation which dissolves very slowly. It is perhaps not generally known that some coatings take three or four days to dissolve. If a patient, for example, were taking digitalis pills, three or four times a day, it might happen that no effect of any kind would be experienced until after an unusually hearty meal, when all the coatings might be dissolved at once and the patient would unexpectedly show symptoms of poisoning. This is not a mere random statement, for I recently had a case of digitalis



poisoning under my care which was clearly traced to this source. I have made a number of observations on various pill-coatings and find that some of them dissolve with extreme slowness.—*Medical Register*.

*THE Hairy Family from Burmah*, derive their name from a dense



growth of hair, which, with the exception of the hands and feet, covers the entire body, but is more marked and longer on the face, forehead, ears, nose, and even the interior of the ears, reaching in the latter case to a length of twelve inches, or one foot. The strangest part of this wonderful trait is, that this really marvelous and curious growth of hair has been transmitted from parent to child for several generations, and is not a sudden freak of nature, and is, without doubt, an hereditary peculiarity.

The family have also the same dental peculiarities: that is to say, total absence of grinders, or molars, having but four incisors in front of the upper jaw, and six in the lower, the back part of the gums representing a hard ridge. Through the influence of Mr. P. T. Barnum, these strange people have been brought to this country.

*BEECHER on Doctors*.—Good, earnest doctors are too busy to find time to slander their brethren or their rivals. It is all the same with ministers, lawyers and teachers. The truly good and truly great do not detract from the reputation of others; they are generous and magnanimous even to rivals. If your doctor flatters you and humors your lusts and appetites, and helps you out of a bad scrape secretly, without reproof, as if you had done no wrong, distrust him. If you can hire him to do or say what he would not do without the hire, beware of him. Good doctors cannot be bought. Your doctor ought not to be a single man. He ought to have a wife and children, and if you see that his wife respects him and his children obey him, that is a very good sign that he may be trusted. If your doctor tells you how to keep well, that is a good sign. You come to him with toothache; he gives you creosote and clove oil for the tooth, and at the same time suggests that you do not wash enough to keep well, that is a good sign. If the children like him, that is a good sign. If you find him reading in his office, that is a good sign, and especially if he be a settled, middle-aged man. If you hear him say, "I once thought so and so, but I was wrong," that is a good sign. If the doctor is neat and handy in rolling pills and folding powders, that is to his credit as a surgeon. If he understands how to bud roses, graft fruit-trees, mix strawberry pollen for improved berries, cure chicken pip, and tinker a trunk lock, or put a clock in order, all these are so much to his credit. If further, you love to meet him, the sight



of him quickens you, and you are glad to hear him chat ; and you know him thus to be a lovable, sympathetic man—he's the man for your doctor, your confidential friend—find him, trust him.

*THE Perfect Physician.*—"This body must be your study and your continual care—your active, willing, earnest, willing care. Nothing must make you shrink from it. In its weakness and infirmities, in the dishonors of its corruption, you must still value it, still stay by it, to mark its hunger and thirst, its sleeping and waking, its heat and its cold, to hear its complaints, to register its groans.

"And is it possible to feel an interest in all this ? Aye, indeed, it is ; a greater, far greater, interest than ever painter or sculptor took in the form and beauties of its health.

"Whence comes this interest ? At first, perhaps, it seldom comes naturally ; a mere sense of duty must engender it ; and still, for a while, a mere sense of duty must keep it alive. Presently the quick, curious restless spirit of science enlivens it, and then it becomes an excitement, and then a pleasure, and then the deliberate choice of the mind.

"When the interest of attending the sick has reached this point, there arises from it, or has already arisen, a ready discernment of disease, and a skill in the use of remedies. And the skill may exalt the interest, and the interest may improve the skill, until, in the process of time, experience forms the consummate practitioner.

"But does the interest of attending the sick necessarily stop here ? The question may seem strange. If it has led to the readiest discernment and the highest skill and to form the consummate practitioner, why need it go further ?

"But what if humanity should warm it ? Then this interest, this excitement, this intellectual pleasure, is exalted into a principle and invested with a moral motive, and passes into the heart. What if it be carried still further ? What if religion should animate it ? Why, then, happy, indeed, is that man whose mind, whose moral nature, and whose spiritual being, are all harmoniously engaged in the daily business of his life ; with whom the same act has become his own happiness, a dispensation of mercy to his fellow creatures and a worship of God.

"Such a man any of you may be ; but you must begin by learning to stand by the sick-bed and make it your delight."—*Latham.*

*MOBILITY of the Heart.*—Dr. M. M. Shershevski publishes in the *Vrach* a paper on the mobility or displaceability of the heart. The fact that the heart's position is liable to slight changes, according to the position of the body, has been recognized by Bamberger, Gerhardt, Luschka, and other observers, but they have none of them formulated the conditions under which it takes place. Dr. Shershevski gives details of the examination of forty persons, all of them free from cardiac and pulmonary affections, in whom he noted accurately the position of the heart's boundaries in the upright, dorsal, left lateral, and right lateral positions. The chief mobility was toward the left side, but the heart was often quite perceptibly displaced to the right, as well as downward and even backward. The chief conditions under which this occurred were youth, nervous states, and freedom of the vessels from signs of sclerosis. Dis-

placement backward was found in nearly half the cases, and this shows that the heart ought to be examined in the upright posture. The writer specially remarks on this when the examination is made as a prelude to the administration of chloroform, whereas, as a rule, the stethoscope is applied when the patient is lying down and in a very agitated frame of mind, which latter condition always renders the organ more easily displaced; and the diminished diameter due to this may lead to erroneous conclusions if the measurements be not previously taken in an upright position. This has reference chiefly to young persons. In the case of subjects over sixty years of age, and of much younger persons whose arterial system had already begun to show signs of degeneration, there was little or no displacement produced in any position.—*The Lancet*.

*NEW Sign of Pregnancy.*—A rather peculiar objective symptom of pregnancy has been described by Dr. Jas. S. Winternute, which, as he first observed it, depended on a pathological condition, but which he proposes to make use of in all cases. The women had a semi-fluid discharge filling the cervical canal, the result of an endocervicitis. He noticed that this bulging mass of muco-purulent matter received an impulse which corresponded to the maternal heart-beat, and attributed it to pregnancy. The woman had gone beyond her menstrual period but a few days, so could not have been more than four weeks pregnant. He proposes, as an explanation, the probable impulse of the embryonal sac, which impulse is communicated to the discharge, and therefore suggests that a soft probe of some suitable material be made to rest in the cervical canal against the embryonal sac, and thus receive its pulsations.—*Med. Rev.*

*NOVEL Treatment of Phthisis.*—Dr. Bergeon, of Lyons, recommends a method of treating phthisis which has, at any rate, the merit of novelty. His plan is to utilize the effects of sulphuretted hydrogen, and this he proposes to do by injecting carbonic acid gas, saturated with sulphuretted hydrogen, into the intestines. If care be taken to secure the absence of atmospheric air, no inconvenience, it is said, results from the injection even of large quantities of the mixture, absorption into the venous system and elimination by the lungs taking place very rapidly. It is claimed for this procedure that, by its means, the use of sulphuretted hydrogen is unattended with any toxic effects, and exerts its influence directly on the lungs themselves. It has been employed in a number of cases at the hospitals of Lyons, Bordeaux, and Paris with great benefit to the patients, even in very advanced cases, and, latterly, similar observations have been made in the consumption hospitals of London, the results of which have not yet been made known. The method has been very much simplified by the introduction of an ingenious but simple apparatus whereby the carbonic acid gas is generated, and saturated with sulphuretted hydrogen, ready for use.—*Brit. Med. Jour.*

*ATROPINE in Nocturnal Earaches of Children.*—In the nocturnal earaches to which so many children are subject, and from which they frequently cry a greater part of the night, the application, by dropping

into the external cavity, of a few drops of a solution of atropine (two grains to the ounce of water) will give prompt and effectual relief.

*METHOD of Inducing Respiration.*—Dr. Enos Blackwell reports a method of resuscitating the new born infant in an asphyxiated condition. It has as one very decided merit, that of immediate application, but is as Dr. Blackwell says, a procedure which embodies the principles of the Marshall Hall method. The child is laid on the palms of the accoucheur's hands, and then rapidly tossed with a quick motion, this being done while the placenta is still attached. The rapid movement makes the arms fly up, thus lifting the chest walls, and the infant takes air with a sudden sob. Although a rough and ready method, the author has found it highly successful in many instances.—*Med. Rev.*

*PRESSURE on the Brain at Birth.*—In delivering an infant through a distorted pelvis by means of the long forceps, pressure is first made upon the superior parts of the cerebral hemispheres, which must obviously force the brain toward the base of the skull. When delivery is effected by drawing the infant through the pelvis after turning, the brain is forced upwards from the base toward the vaulted portion of the cranium. Thus there would appear to be a greater chance of organic injury being produced by turning than by the use of the long forceps, as in the former case the pressure is first made just above the base of the skull, where the most important parts of the brain and nerves are likely to be forcibly raised from this portion of the cranium.—*Med. World.*

*IMPROVED Method for Compressing Air.*—Dr. E. I. Oatman, describes a simple and apparently very effective method of compressing air for use in atomizing fluids. In the cellar or basement a common galvanized iron range-boiler is placed, and connected by two pipes, entering it below, with the main water-supply and with the drain. At the upper end a tube is attached, which passes up to the physician's office. All the pipes are fitted with stop-cocks. To charge the reservoir, this air-tube and the discharge-pipe are closed, while the supply-pipe is opened. The water now rushes in, and places the contained air under a high pressure. When the water ceases to flow, the supply-pipe should be closed. The compressed air may now be used when required by opening the air-pipe, the stop-cock of which is placed in the office. When the pressure is exhausted, the reservoir may be emptied by opening both the air-tube and the discharge-pipe, and the air may then be again compressed as before, by closing the latter pipes and opening the supply-pipe. The discharge-pipe should be of large calibre, say two inches, so that the apparatus may be quickly emptied. The arrangement would be improved, Dr. Oatman writes, by using two connecting reservoirs, allowing the water to enter only the first, which should be the larger of the two, thus compressing the air in the second, where it can be kept ready for use. The water may now be discharged from the first, for which purpose it should be provided with a second air-tube, leaving it ready for instant use when the pressure is exhausted in the

second reservoir. All the cocks governing the tubes of the apparatus may be placed in the office, if desired. Ten dollars will cover the entire cost of the apparatus.—*Med. Rec.*

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### BOOK REVIEWS.

ORIFICIAL SURGERY, AND ITS APPLICATION TO THE TREATMENT OF CHRONIC DISEASES.—By E. H. PRATT, A. M., M. D., Professor of Principles and Practice of Surgery in the Chicago Homœopathic Medical College, etc. Chicago: W. T. Keener, 1887. Pps. 139.

This volume comprises the substance of a series of lectures delivered to the class of the Chicago Homœopathic Medical College during the past winter upon a subject, which, since the presentation of a paper by the author before the Cook County Homœopathic Medical Society, has attracted the general attention of the profession, and which has incited considerable discussion pro and con. We find it receiving on the one hand unqualified praise from some progressive rational practitioners, and on the other, as unqualified condemnation from some who apparently believe that no good thing can come out of Nazareth; and who condemn it simply because it is presented by one who is outside of their pale of regularity. As treated in the present work (the author promising a more extensive treatise in the future), orificial surgery applies only to the lower openings of the body. The proposition which the author presents is "in all pathological conditions, surgical or medical, which linger persistently in spite of all efforts at removal, from the delicate derangements of brain-substance that induce insanity, and the various forms of neurasthenia, to the great variety of morbid changes repeatedly found in the coarser structures of the body, there will invariably be found more or less irritation of the rectum, or the orifices of the sexual system, or of both." Upon this proposition the author has based a system of surgery which he claims to be efficacious in the treatment of chronic diseases. The matter is well presented, and will be found interesting reading, even though one is not disposed to accept the author's conclusions.

TAKING COLD.—(The Cause of Half our Diseases.) Its Nature, Causes, Prevention and Cure; Its Frequency as a Cause of other Diseases, and the Diseases of which it is the Cause, with their Diagnosis and Treatment. By JOHN W. HAYWARD, M. D., M. R. C. S., M. D. [Hon] New York Homœopathic College. Author of "Allopathy and Homœopathy Contrasted." Etc., Etc. Seventh edition revised and London: E. Gould & Son, 59, Moorgate Street, F. C.

This little book having reached its seventh edition has evidently filled a previously existing vacancy, and served a useful purpose. If the laity to whom it is addressed, could be induced to read, mark, learn, and inwardly digest its wise counsels it would be to their manifest advantage, as the so called "taking cold" is a prolific cause of disease, and it may be said that the diseases for which domestic treatment is available are mostly the result of cold. It possesses in a marked degree the merits of brevity and simplicity, and is deserving of commendation as a model



of what a book intended for family use should be. A copious index adds to the value.

**PRACTICAL URINALYSIS.**—With Clinical Hints. By J. B. S. KING, M. D., Professor of Chemistry and Toxicology at Hahnemann Medical College of Chicago. Boericke & Tafel, Chicago, Agents.

This is a set of nine cards containing a presentation of the chemistry of the urine for physician's use. The work has been, so far as the author is concerned, particularly well done and it is a very convenient and complete manual of urinary analysis: imperfect proof reading, whereby numerous errors have crept in, detracts somewhat from its merits. It is a question whether the form in which it is issued is the best for such a publication; it has the advantage of great convenience and readiness for use, and its demerits are equally obvious. Many of the more recent observations, such as the lowered production of urea in those suffering from malignant tumors, are included as well as the latest discoveries in urinary chemistry, as the thymol test for sugar, although we find no mention of the discovery of a substance sometimes present in urine, which is capable of producing the same reaction with Trommer's or Fehling's test as sugar, these tests, therefore, requiring corroborative proof when the characteristic reaction is present. A second edition, which its merits deserve and which we hope it will soon attain, will permit of the correction of these minor errors, when it will be as nearly a perfect manual of urinary analysis as we can look for.

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### ITEMS.

—Dr. J. M. Barnsdall, St. Paul, Neb., wishes to sell his practice in that place. He moves to Omaha in April.

—A Medical Almanac is published by the New York Pharmacal Co., a valuable little book, and it is sent free to every applicant who will mention this journal.

**AN EXPENSIVE EXPERIMENT.**—In the early days of cocaine investigation its toxic power was tested on a dog, and forty grams were required to kill the animal. The cost was eight hundred marks, or about one hundred and sixty dollars.

¶ Concerning the doctor's business sagacity, the *Indiana Medical Journal* says: "Too often he has none. From the day he leaves college he advertises himself, by his loose business methods, as a standing candidate for starvation or the poor-house."

Researches, by Dr. Newton, published in the *Medical News*, prove that milk, warm from the cow, when placed in tight cans, in a warm atmosphere, will so change as to develop ptomaines sufficient to cause toxic symptoms in those using the milk.

Dr. Wm. Goodell, of Philadelphia, has performed thirty ovariectomies within the last year, with only one fatal result out of the whole number. As these were not selected cases, such a series will compare most favorably with any heretofore reported.

**CHOLERA IN SOUTH AMERICA.**—The cholera appears to have chosen South America for its season's work. It exists in epidemic form in several cities of Buenos Ayres, and its presence is reported at Rio Janeiro and in Paraguay.—*Medical Record*.

Dr. W. W. Gardner, Springfield, Mass., says: "It seems almost tautological to recommend Horstord's Acid Phosphate as a valuable local and stomach tonic. I will, however, repeat what my practice confirms, that I value it when taken according to directions as an excellent preventive of indigestion, and a pleasant acidulated drink when properly diluted with water and sweetened."



In Holland, says the *Medical News*, ladies are gradually usurping the occupations of the pharmaceutical assistants. Out of a total of 55 candidates, 19 out of 31 females, and only 8 out of 24 male candidates were successful in the recent State examination.

*Wanted.*—A young or middle aged Physician as assistant or junior partner in a fashionable community near New York. Incompetent and unsuccessful men without means not desired.—Address *M. Care Mr. A. I. Chatterton*, 78 Maiden Lane, New York.

Our esteemed contributor Dr. Samuel Lilienthal, has given up active practice in New York and removed to San Francisco, where he will devote himself to literary work. The pages of the AMERICAN HOMŒOPATHIST will continue to be graced with the effusions of his ready pen.

The *Southern Journal of Homœopathy* is to be congratulated on its success in overcoming obstacles that would have dismayed a less enterprising journal. The citizens of Austin have shown their good sense in electing its indomitable editor an Alderman. We nominate Dr. C. E. Fisher for the next Governor of Texas.

The fourth annual session of The Texas Homœopathic Medical Association will be held at Fort Worth, Texas, May 3 and 4, 1887. Officers for 1887 are Pres., W. F. Thatcher, M. D., Paris. Vice Presidents, J. R. Pollock, M. D., Fort Worth, F. Hines, M. D., Corsicana. Secretary C. E. Fisher, M. D. Treasurer, T. H. Bragg, M. D., Austin.

—The illustrations accompanying the unpublished letters of Thackeray, in *Scribner's Magazine*, will be unique. There will be portraits, views of places mentioned, etc., but the principal illustrations will be Thackeray's own work. Many of the letters contain sketches, which will be reproduced in fac-simile; and others of his drawings, which are in the possession of Mrs. Brookfield, to whom most of the letters were written, will also be given.

Dr. W. S. Searle was the attending physician of the late Henry Ward Beecher, he is a native of New Hartford, N. Y. He graduated in the arts at Hamilton College with high honor in 1855, and in medicine at the University of Pennsylvania in 1859. Although a homœopathist he does not belong to any of our societies. He is the author of two monographs of value. Drs. Wm. Tod Helmuth and Wm. A. Hammond were the consulting physicians.

—Now that the season for preparing foods is approaching send for samples of all of them and compare results. Send to Liebig Pharmaceutical Co., New York, for Liebig's Liquid Food. Send to Doliber, Goodale & Co., Boston, Mass., for Mellin's Food. Send to Woolrich & Co., Palmer, Mass., for Ridge's Food. Thomas Leeming & Co., New York, for Nestle's Food, to Reed & Carnrick's for Carnrick's Food. Samples will be sent to you free if you mention this journal.

The Deaconess Institute of the Methodist Episcopal church, 129 West 61st Street, New York city, is now ready to receive patients of all ages, who require medical or surgical treatment. Further information can be obtained from Mrs. E. Burr Pettet, M. D., 106 Second Avenue, New York City. The medical and surgical staff consists of Consulting Physicians: Drs. Allen, Wetmore, Belcher, and Baldwin; Consulting Surgeons: Drs. Helmuth, and Doughty; Attending Physicians: Drs. Schley, Guernsey, Danforth, Moffat, Dearborn, Porter, and Garrison; Attending Surgeons—Drs. Wilson and Fulton.

—Dr. Fothergill in his work, Food for the Invalid, says: "The action of the saliva upon starch is to quickly convert it into sugar. Consequently, as sugar is soluble, this leaves the nitrogenized portion of the flour to be readily acted upon in the stomach. When the saliva is defective in an infant, or at least insufficient to produce the conversion of starch into sugar, it is now customary to give the infant maltine. Maltine is a sweet, molasses-like sort of thing, which can be added to baby's food a brief period before it has to be taken, for the conversion is quick. The starch being thus largely converted into sugar, the digestive act in the stomach goes on without painful effort. The treatment of dyspepsia in adults is carried out on precisely the same principle, and baby's food and maltine are equally good for them."

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No. 5.

The knell of Antipyrine has been sounded, and with it that of Antifebrine and the other antipyretic medicines. Another name has been added to the long list of drugs that have been tried in the crucible of clinical experience and found wanting. The antipyretics do reduce the temperature of a fever-patient, but an elevated temperature is not all there is of fever, and the mere reduction of the temperature is of little avail in the prevention of a fatal termination. It is a new illustration of the old story. The disease is cured, but the patient dies.

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A correspondent writes from Albany anent our notices recently of the abuse of medical charity, to know why ministers should not pay their doctors? No reason whatever, except that it is not in human nature to pay for any thing one can get for nothing. No man who has once ridden on the railroad on a free pass, ever after buys a ticket; but will waste more time hunting for a pass than would earn his fare many times over. The physicians themselves are responsible for the pauperization of the clergy. In the hope of securing the influence of a clergyman among his parishioners, physicians are always ready to offer their services to him without charge. There may be a reason why the poorly or not at all paid minister of a country parish should receive gratuitous medical service, but the city minister who, in many cases, is in receipt of a salary far in excess of the earnings of the physician who attends him has no excuse for not paying his bill. Like the dispensary and the hospital service, this custom is for the benefit of neither clergyman nor physician, and should be abolished.

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"The best laid schemes of men and mice gang aft a'glee." A curious illustration of the truth of the poet's observation appears in a recent experiment made by Dr. G. T. Swarts, and recorded in the *Boston Medical and Surgical Journal*, wherein one of the most generally used appliances for securing the purity of drinking-water, the filter, is shown to be a direct aid to its contamination. The results of his investigations shows that while some filters, when first used, successfully remove a

certain proportion of organisms from the water, other tests made seventeen days later showed in every case a marked increase in the number of colonies of bacteria in the filtered compared with the unfiltered water. These, chiefly water bacteria, are practically harmless as constituents of drinking-water unless they remain, as the experiments show they do, in the filters, under conditions favorable to the development of those products of decomposition intermediate between proteid matter and its final resolution. As there is present also a portion of the soluble albuminoids of the water there is then collocated both the micro-organisms and their culture medium; and with a proper temperature, such as is often present where such filters are in use, all the conditions requisite for the contamination of the filtered water with the complete series of the soluble products of decomposition are present. How great the increase of the bacteria under these circumstances may be, is shown in the statement, that while the unfiltered water contained thirty six colonies of growth, the filtered water showed the presence of colonies to the number of two thousand, nine thousand, and ten thousand, and an examination the seventieth day showed an increase in one case of over one hundred thousand colonies. The potency of the filter as an aid to the dissemination of disease, if a few germs of infection should find lodgement in such a fertile soil, is sufficiently obvious to require no comment.

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"The regular profession has ever been severe upon all forms of chicanery, and it persists in refusing to affiliate with clairvoyants, homœopaths, and all others who systematically practice deception." This extract from a recent editorial in the *Medical Register*, an ultra advocate of the old code moiety of the self-styled regular profession, might, if it were merely an isolated expression of the feeling entertained by that portion of the profession represented by the *Medical Register*, be suffered to pass unnoticed, but as it had become somewhat of a fashion with other similar journals to thus refer to Homœopathy and Homœopathic Practitioners, a slight comment may not be inexpedient. It is somewhat doubtful to what the phrase "systematically practice deception" is intended to apply, whether to the practice of Homœopathy as a system of medicine, or to the practice of Homœopathic Physicians. If to the first, it ill behoves the practitioners of a system which has received the merited condemnation of the ablest physicians of every age, to thus refer to a law of cure which has been recognized from the earliest time. Thus Hippocrates remarks that though the general rule of treatment be *contraria contrariis curantur*, the opposite rule also holds good in some cases, namely: *similia simili-*

*bus curantur.* [Genuine Works of Hippocrates. Wm. Wood & Co. Page 64.] Systematically practice deception? Upon this point let us take the expressed opinions of a few representative "regular" physicians, who in a moment of unguarded candor have freed their minds. Thus John Elderton says: "We are all charlatans. We hide our great ignorance behind expressions incomprehensible to the patient." Prof. Hencker: "We do not know how remedies act, still less how diseases are cured. We must abandon the way thus far followed." And Dr. Oliver Wendell Holmes, not to continue quotations that would "The line stretch out to crack of doom," says: "Throw out opium, throw out a few specifics which our art did not discover, throw out wine, which is a food and the vapors of which produce the miracles of anæsthesia, and I believe the whole *Materia Medica* as now used could be sunk to the bottom of the sea and it would be better for mankind and all the worse for the fishes!" And this is the profession which persists in refusing to affiliate with those who "systematically practice deception?"

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If the phrase is intended to apply to the method of practice of Homœopathic physicians, the attempt is equally absurd. An acceptance of the Homœopathic law of cure upon the part of a physician does not necessarily deprive him of the right to use his judgment, however much a blind adherence to the old code may warp the judgment of its worshipers, nor does it necessarily follow that every prescription of such physician shall strictly comply with that law, to the exclusion of all other methods of cure, any more than it necessarily follows that the prescription of a rational practitioner is always rational. The true physician will always and every where use whatever he may deem the best interests of his patient requires, although we rather suspect our friends of the *Medical Register* would rather a patient should die *secundum artem* than to recover irregularly. The duty of the physician is the relief of suffering humanity, not the advancement of any school, and he is a recreant to his duty who doubts or hesitates at any means of relief because it does not conform to the tenets of his particular school. Let him be anathema.

## CHRONIC ULCERATION OF THE STOMACH.

BY EDWIN A. GATCHELL, M. D.

COMPARED with lesions of the lungs, *post-mortem* evidences of ulceration of the stomach are very infrequent. Though Jaksch found in the reports of two thousand three hundred and thirty *post-*

*mortem* examinations round ulcer mentioned fifty-seven times, and cicatrices fifty-six times ; or either an ulcer or a cicatrix to about every twenty autopsies.

I am not positive, but I hardly think that in this country this condition is found in so large a percentage of bodies examined. I have been called upon to treat more cases of cancer of the stomach than ulceration of that organ.

The following case may be of interest to the profession. It shows what may be accomplished in a few weeks in such cases when the stomach is given perfect rest. And it shows that one should persevere in such cases even when there is no perceptible improvement for several days.

On September 5, 1881, I was consulted by Mr. C., a farmer, fifty-eight years of age. He was six feet two inches in height, large boned. Had lost much flesh and was weak. His face wore an anxious and weary look. Tongue had thick dirty, yellow coating. Temperature normal ; pulse, eighty per minute. Pain in the small of the back. Evident enlargement of the stomach. Great pain and tenderness over cardiac orifice of the stomach. This pain was especially severe after meals and would continue until he would vomit the contents of the stomach. He would often vomit "coffee-grounds," and sometimes clear blood or pus, or both. Sometimes these would pass from the bowels.

This patient had undoubtedly brought on and aggravated his disease by over-eating. He had a tremendous appetite, and would eat twice or thrice as much as an ordinary man at a sitting. He stated that his stomach had troubled him for seven years, but that it had been very much worse for two years previous to his consulting me. He had been treated—and mal-treated—by thirteen doctors of all kinds, who had pronounced his case variously as dyspepsia, cancer of the stomach, etc., but he received permanent relief from none of them. He felt, just before I saw him, that unless he could get help very soon he would be beyond the reach of medical aid. His wife and neighbors saw that he was failing so rapidly that they feared he could not live six weeks.

My brother, Dr. Charles Gatchell, of Chicago, saw this case with me, and agreed with me that it was one of gastric ulcer. We promised the patient a probable cure if he would follow our advice implicitly. This he said he would do for he felt that his condition was desperate. Indeed, he said that if my treatment failed to help him, he would try nothing else, but would give up the case as hopeless and die.

October 1, 1881, on my advice he left his farm and took rooms in town where I could see him frequently.

I had informed my patient that I should permit him to take no food



whatever into his stomach, not even a drop of milk, for thirty days. And this rule was faithfully carried out.

He was nourished by means of enemata every three hours, consisting of half a tea-cupful of very strong beef-tea, containing twenty drops of muriatic acid and three grains of pepsin. These were supplemented by inunctions consisting of :

R

Sweet Oil

Cod Liver Oil

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M.—Of this a teaspoonful was rubbed in over the stomach three times a day.

For a few days the patient experienced very great distress from hunger, but this feeling left him ; though there was an uncomfortable feeling in the stomach nearly all of the time during his imprisonment and starvation, and for a time great pain occasionally.

The medicinal treatment consisted in the administration of arg. nit., 3x, and kali bich., 3x, a dose every three hours in alternation. I also gave him, three times a day, ten drops of the tincture of calendula in a tablespoonful of water. He took nothing into his stomach besides the above remedies, with the exception of hot water, *ad libitum*. This certainly added to his comfort, and possibly assisted in healing the ulceration.

For two weeks after beginning treatment there was no perceptible improvement, but there was steady gain during the next two weeks.

For the first fortnight he suffered considerable pain, vomited occasionally, raising some blood and pus. Was troubled more or less by the formation of gas in stomach and bowels.

On the twenty-eighth day he returned to his home, though he continued to fast for two days more.

Though still more reduced in flesh and strength by his prolonged fast, his disease was entirely cured in the thirty days, and he has remained well and strong up to the present time.

I doubt if this case could have been cured by any treatment not involving fasting.

ASHEVILLE, N. C.

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## DENTAL ITEMS.

BY W. IRVING THAYER, E.D.S., M.D.

THE average medical practitioner has come of late years to consider that dental diseases and their treatment, as a specialty of medicine, belongs to another class of practitioners, and many physicians of all

schools do not take the trouble to acquire the amount of dental knowledge that would enable them to be of much greater value to their own patients. This is true whether one's office is in the country or city.

In some directions it's supposed to be a very simple thing to extract a tooth. An operation that anyone can do with more or less ease. In large towns, even in villages, there are to be found those who confine themselves to the practice of dentistry, and the physician too often takes it for granted, that "these men can pull a tooth."

The writer is opposed to extracting teeth as a rule, because there is a "better way" open for those who are prepared to follow the path that will give the patient a better service and reflect credit upon the operator. We wish to make our position plain by repeating that we are opposed to the ruthless extraction of the natural teeth.

It is our purpose, however, to speak of some of the most successful methods adopted in these minor operations, which may be of some value to those practitioners of medicine, who are located in regions where part of their duties are to extract many teeth for their patients.

First. Reduce the "many" to as small a number as possible. The reasons I need not give the intelligent reader. Try *mercurius cor.* for the male, *mercurius viv.* for the female, in the third cent. trituration for all forms of periosteal inflammation, in alternation with aconite, bell. or veratrum, as per symptoms. If of but a few hours existence, the symptoms, such as soreness of the tooth, throbbing, beating will soon disappear. Exposed nerves—acute form of toothache—must be *capped*, then the cavity in the tooth filled, to the intent that the inflamed pulp may not be farther irritated. Teeth that have live and healthy nerves in them can *never ulcerate!* Therefore sound reason would dictate, never to devitalize a living pulp.

If I were confined to the statement of but one cardinal point to be observed in the extraction of the teeth, it would be this: always, without exception, ride well up upon the root or roots of a tooth. Without the least hesitancy, let the beaks of the forceps *cut through the soft tissues*, and carried so low as to embrace a goodly portion of the alveola border. If the tooth is a superior or inferior molar, and the beaks of the instrument are made to embrace up to, and sometimes beyond the bifurcation of the roots, with considerate lateral motion, the rule will be—demonstrated into a perfect success—that a tooth of this description will be seldom or never broken. I do not think that it is a large estimate to say, that at least one-fourth of such teeth are now broken, even by dentists of large experience. It is hazardous to fail going through the gums and alveola.

Sometimes there is a close union of the soft tissues to and around the

cervical portion of the back teeth. However the case may be, it is not the custom amongst expert operators to "lance the gums" as of yore. After the union of tooth and alveola have been broken, and the tooth thrown up and found to be attached to the gum, it is well to allow the patient a moment's rest, then free the tooth from the soft tissues, by a lance, pen knife or other suitable instrument when it can be removed easily without danger of tearing long borders of these tissues.

Of the superior molars, a different method must be observed to successfully remove them from the alveola than would be applied to the lower back teeth.

It will be observed, that the upper molars have an additional root when compared with the inferior double teeth, to wit ; a palatal root. This gives these teeth a much greater internal or palatal resistance when viewed from their buccal aspect. That is the line of least resistance is toward the cheek, and from within, outwardly. This fact is seldom thought of amongst many who are called upon to extract these teeth. If the instrument has embraced the tooth very high up, the bite taken through the soft tissues, "gum and all," it will be found quite difficult for the operator to break one of these teeth, if he applies a decided outward motion to his instrument, tending slightly downward.

Plates of the alveola will be broken more or less, split sometimes, nearly up to the end of the alveola socket, but this is of small moment for they always heal by first intention. In these cases the exception does not confirm the rule.

In a large number of cases the caries will be found to have become so extensive as to have extended up to the bifurcation of the roots. Hence, one or more roots are apt to be left. Yet, if the precaution is taken to "bite high," many times the three roots will come together, or be so thoroughly dislodged, as to be very easily removed with a thinner beaked forcept.

The line of least resistance in regard to the lower back teeth is not so plainly marked as is the case of the superior molars. Still, to a large degree the outward force is the most appropriate anterior to the second molar. Back of this locality the outer border of the alveola begins to materially thicken, so that in the region of the wisdom teeth, the hard tissues are very thick. All force applied to extract the first and second inferior molars—especially where the arch has never been broken—should have much greater outer lateral pressure, mainly on account of the fact that a key-stone can be the more easily removed from the upper portion of a given arch, than from its lower border, as the resistance would be less. Lift such out buccalwards.

The same general observance will apply to the superior and inferior

bicuspid, canines, lateral and central incisors. But, of these single root teeth another motion given to the hand will be found to assist—especially in tortuous roots—in extracting such teeth. I speak of slight rotation to the hand, slightly turning the tooth upon its axis, at the same time there is being applied buccal or labial pressure. It is possible with certain form of forceps to cut the tooth, even where the dentine is almost absolutely solid.

Greater care must be used in extracting teeth for such patients that have never had the dental arch broken. That is, never had any teeth out on the side that it is proposed to operate on, for the reason that the teeth are more firmly wedged in, so to speak. Also, greater care exercised where one has reason to believe that the calcareous salts are more densely interspersed amongst the soft solids of the alveola process. That is, where this tissue is supposed to be hard, as in the case of males and patients upwards of thirty-five years of age.

The roots of the *Dentes Sapientiæ* are frequently found to curve backward. In such cases the line of direction of the force should be to push the crown backward and inward. To “turn the rascal out” backward toward the ramus.

These operations in the mouth are of such common necessity, because fully ninety per cent. of every physician's patients, except in rare cases—neglect their teeth to an alarming degree, that it is of considerable importance to both patient and physician to practice the best methods, if there are any.

This affords me the opportunity to suggest to every careful practitioner the importance of frequently examining the oral condition of their family patients, and insist that these important dental organs be so treated and cared for as to give their owners the best possible service. Look out for the six year molars of your little patients as “ye have opportunity.”

Physicians can not over estimate the great good they can do their patients by looking after their welfare in this direction. However its about the last thing thought of. The last thing enforced!

The opinion of a good and wise physician is taken as law and gospel by many an appreciative patient. That is one of the sweet morsels that one can roll under one's tongue, the appreciation of one's patients. Rest assured, in no single way can a physician secure the appreciation of his patients at so trifling a cost, as to advise them how best to save and care for their valuable dental organs. This holds true in Kansas—Maine, or Central America.

89 S. PORTLAND AVE., Brooklyn.

## CURRENT NOTES ON THORACIC DISEASES.

BY B. F. UNDERWOOD, M. D.

CONCERNING the treatment of diseases of the thoracic organs, greater stress is now being laid upon climatic influence than, with slight exception, upon active medication. In a paper read before the Chicago Medical Society, February 7, 1887, Dr. Robinson speaks as follows :

Inasmuch as phthisis pulmonalis constitutes the largest class of these diseases, we will first briefly note what eminent authorities say are the requisites in the climatic treatment of this disease.

I quote the opinion of Dr. C. J. B. Williams : " Our great object in consumptive diseases is to give the patient as pure an atmosphere as possible, of such thermometrical, hygrometrical, and other qualities, that it can be breathed safely and freely by him. It should therefore be free from extremes, humid nor dry, and neither too still nor too windy, and its influence on his frame should be furthered by frequent exercise of various kinds carried out in cheerful sunshine, uninterrupted by rainy, misty or windy weather. For consumption originating in septic influences, a climate of great pureness and dryness would seem to be indicated, and this is to be found at considerable heights above the sea level. In these cases a mountainous climate is recommended."

Professor Ludwig Buhl, of Munich, a high authority on tuberculosis, says : " For commencing or already established chronicity, the (I might almost say) *principal cure is pure air*. There must be plenty of air, and it must be free, properly changed, without dust, rather dry, and not subject to great changes of temperature : this latter is particularly necessary in a medium degree of moisture. The residence should be in a spot well sheltered from the wind, and on well drained soil, with large airy rooms. South of the Alps (in Europe), if possible, and during the summer, an elevation of from 2,500 to 3,000 feet should be sought. In the spring and autumn this may be changed for an elevation of from 1,500 to 2,000 feet. In winter the patient may dwell either near the sea or at an elevation of from 500 to 1,000 feet."

Dr. J. Hughes Bennett says : " What is really required is a cool, temperate climate, which should range from 55° to 66° F. during the day, and 45° to 55° at night. The air should be dry or with only slight moisture, little rain, and a clear bright sun. Such an exhilarating climate, in which exercise can be taken almost daily in the open air during the winter and spring months, is the best for the consumptive patient."

From the opinions of these authorities we can tabulate certain facts :



1. The climate must be such as to insure *pure air free from dust or poisonous germs.*

2. Such air is more apt to be found at an elevation of 1,000 feet, or more, above the sea level.

3. There should be an equable temperature, neither too warm nor too cold; the air should be in continuous motion, and yet there should be no wind storms.

4. There should be plenty of sunshine.

5. The landscape should be pleasing.

6. The health resort should be easily accessible, and home comforts, with congenial society easily obtained.

7. The patient should be able to take almost daily outdoor exercise without fatigue.

When patients are able to find homes in climates which nearly fulfill all these conditions, clinical observations demonstrate that consumption may not only often be arrested, but cured.

Altitude also has a marked effect upon thoracic lesions, particularly when conjoined with an adequate supply of pure air and sufficient exercise. These conditions are happily met in mountain climbing which is especially beneficial in phthisis. Commenting upon this subject, the *Journal of the American Medical Association* says :

"It seems well to mention the increased benefit which the patient may receive by climbing gradual and steep ascents while seeking a renewal of health in suitable climates. Jaccoud has called attention to this in his admirable work on the 'Curability and Treatment of Pulmonary Phthisis;' 'Walking is not the only form of exercise which should be taken; if the character of the country is suitable, constant ascents, proportionate to the age and strength of the patient, should be prescribed. These ascents should be made with slow and measured steps, so as to occasion no fatigue to the respiratory organs, and there should be occasional rests on the way. If it is wished to expand the lungs as far as can be done, the person should be advised while climbing to place a stick between the arms, which are thrown back, and the dorsal region of the back. In this position the transverse diameter of the lower part of the chest is completely expanded, the fixed position of the upper limbs causes the whole action of the auxiliary inspiratory muscles to be combined in raising the chest, and the upper part of the lungs, whose expansion is always measured by that of the chest, dilates as far as possible at each inspiration, which is necessarily exaggerated by the effect of the ascent. When carried on in this way, such a plan constitutes a true and useful kind of pulmonary exercise.'

"But phthisis is by no means the only affection which may be ben-

edited by judicious mountain exercise and climbing. In the *New York Medical Journal*, of February 26, Dr. L. Barkan, of Brooklyn, gives some very interesting information on this subject—interesting both on account of his remarks as to the value of pure air in the treatment of disease, and on account of the records of cases. The best inhalation apparatus, baths and medicaments, he says, are of but temporary value if no compensation is made for the loss of vitality and of muscular tone, especially that of the heart and vessels; if the blood-stasis in the glands and other organs does not yield to the increased flow of blood in the arteries and veins; if the thinned blood does not become thicker and more rich in albumin; if the accumulating carbonic acid is not expelled by a more plentiful supply of oxygen; if the fat deposited in the body is not more rapidly oxidized; and if the kidneys are not made to act more efficiently. But all these effects are produced more certainly and more generally by mountain climbing than in any other way."

In discussing the lessons taught by the climatic treatment of tuberculosis, Dr. R. B. Davy, *Cincinnati Lancet-Clinic*, arrives at the following conclusions :

1. Tuberculosis is an infectious disease.
2. The infection depends more upon quantity than quality of virus.
3. On the open tropical sea, where every condition favoring the development of tuberculosis is present except the presence of tubercular spores, the disease speedily disappears.
4. The nearest approach to perfect immunity from tuberculosis is to be found on high mountains, where, on account of extreme thinness and accompanying dryness of the air, the tubercular organism cannot exist.

In Germany the experiment has been tried of having patients with pulmonary disorders sleep all night in the open air in the pine woods. The hammocks, used to rest in during the day, were provided with pillows and bed clothing, and a party of five, two ladies and three gentlemen, spent their nights in the woods, with no roof over their heads. The experiment was very successful, the patients slept better than they had been able to do in their rooms, and all declared themselves as feeling much more refreshed by their sleep than usual. It is proposed next summer to provide accommodation for a larger number of patients in the forest, so that the experiment may be tried on a large scale.

Regarding the cause of consumption, Dr. Blaine, *New York Medical Record*, January 15, in his collated experiments and statistics of animals, finds tuberculosis *inherited* from male or female; *i. e.*, in the first case the bull has phthisis, the mother not, and the calf is infected.

*Inhalation* of tuberculous animal breath does not produce tubercle unless breathed through tuberculous matter.

Tubercle may be *acquired* through the ingestion of milk or flesh of tuberculous cows, when the disease has reached the stage of suppuration.

On the other hand, Dr. Didama, (*Weekly Medical Review*), after quoting and drawing conclusions from the opinions of various authorities, terminates his paper by tabulating the following etiological conclusions:

First. Tuberculous phthisis is not inherited.

Second. Neither is a special tendency to the disease transmitted. In *fragilitas ossium*, the great brittleness of the bones is not spoken of as a tendency to fracture; liability is the better expression. An inherited tendency to catch small-pox would be a double absurdity.

Third. Many conditions—as poor and insufficient food, damp and impure air, stinted sunlight, low altitudes, certain occupations—favor the taking and development of the disease.

Fourth. Two conditions are almost indispensable, abundance of bacilli, and an inviting asylum for them, furnished by an inherited or acquired cellular vincibility. (Is not the calling of this cellular vincibility a liability rather than a tendency, only a kind of verbal *schizotrichia*?)

The hitherto generally accepted opinion of the identity of the scrofulous and the tuberculous diathesis, is likely to be shaken by the experiments recently made by M. Arloing, (*British Medical Journal*.) At a recent meeting of the Académie des Sciences, M. Arloing made some remarks on the virulence of tuberculosis and scrofula. He had already shown that pulmonary tuberculosis infected guinea-pigs and rabbits, while true glandular scrofula had no effect on the latter animal. M. Arloing now inquired whether the virulence of scrofula might not be increased to such a degree as to permit the infection of both these animals. Experiment proved that the passage of scrofula through two generations of guinea-pigs did not increase its virulence in respect to the rabbit, and did not perceptibly modify its action upon the guinea-pig itself. The organism of the guinea-pig, on the other hand, augmented the virulence of the weakened tuberculous virus. This fact shows that there is a decided difference in the two diseases, although it has not yet been proved that they are caused by two distinct kinds of virus.

The relation between menstruation and phthisis may, according to the views of Dr. Handford, (*British Medical Journal*), be briefly stated as follows:

First. Early or excessive (frequently only relatively excessive) menstruation is an important and common predisposing cause of phthisis.

Second. The female children of phthisical parents tend to menstruate unduly early and excessively.

The association of amenorrhœa with phthisis is universally recognized. It is the rule in the later stages, and is far from uncommon in the earlier periods of the disease. That menorrhagia plays a part in predisposing to phthisis, and that it is not infrequently met with in the very early stages, is not generally acknowledged.

Dr. Graily Hewitt has noticed the connection between uterine hæmorrhage and tubercle, or a tendency to tubercle. Similarly it was observed by French authors towards the earlier part of this century that many cases of phthisis in the earlier stages are characterized by menorrhagia rather than amenorrhœa, which latter only supervenes much later.

And now, coming to the bearing of these points on practical medicine. The occurrence of unusually early menstruation in a girl with a phthisical inheritance should be taken as an indication that she is in a specially suitable condition for the infection of tubercle, and for the progress of the disease when infection has taken place ; and should warn us to place her in the most favorable conditions of life. Menorrhagia, too, interpreted in its widest sense, occurring under similar conditions, should be speedily checked. Not because there is any specific connection between menorrhagia and tubercle, but because the occurrence of menorrhagia seriously lowers the state of nutrition of the tissues, and renders them an unusually favorable soil for the growth of tubercle whenever infection, to which so many of us are constantly exposed, takes place. The frequency of menorrhagia among the children of phthisical parents I take to be due to no specific action of tubercle, but merely to indicate an undue "vulnerability" of the tissues which renders them less capable of maintaining healthy life under unfavorable conditions than the tissues of other children are.

As far as treatment is concerned, it remains, outside of homœopathy, which unfortunately cannot boast a very brilliant record, as chaotic as ever, the latest mode being Prof. Bergeon's method, with gaseous rectal injections, which, however, does not seem to be very successful, at least as tried in this country. According to a paper recently read by Dr. Cohen (*Cincinnati Lancet-Clinic*), its beneficial effects in phthisis are explained by the action of the gas on the suppurative and septic surfaces and not by any influence on the bacillus tuberculosis ; the consumption proper, the exhaustion, being due to the suppuration and to the consequent septicæmia, and not immediately to the bacillus, which, while it produces the destruction of tissue, does not produce the morbid phenomena. The method of administration utilizes the discovery announced by Bernard, in 1857, that toxic materials introduced into the economy through an organ at a distance from the arterial system could not penetrate into the arterial system because it is eliminated before that system

can be reached. Volatile substances are eliminated by the pulmonary alveoli.

The antiseptic substance employed is preferably sulphuretted hydrogen. This is propelled by means of a current of carbonic acid. It is important that the carbonic acid be freshly made, and that the injection be made without any admixture of atmospheric air, the presence of which will cause griping.

The beneficial results obtained in pulmonary phthisis by Dr. Bergeon, and reported last July to the Académie des Sciences, have been confirmed, by Prof. Cornil, in a communication last October, to the Académie des Médecine, by numbers of French physicians and by Dr. Hughes Bennett, of Mentone. Bergeon stated that the patients he considered practically cured had no expectoration and only dry auscultatory signs of cicatrizing cavities, or other cicatricial results of old lesions. Some of them had become able to resume tolerably laborious employment, with full maintenance of the amelioration they had acquired.

## ON RACHITIS AND ITS TREATMENT WITH PHOSPHORUS.

BY DR. TH. TOEPLITZ.

(Translated by S. LILIENTHAL, M.D.)

WHEN Kassowitz considers this disease a chronic inflammation of the growing skeleton, Pommer takes rachitis to be disease of the central nervous system, providing primarily an alternation of the entire tissue change (analogous about to diabetes), which demolishes the alicalescence of the blood and thus increases the solubility of the lime salts. As a proof may be mentioned the many nervous symptoms which so often accompany rachitis, as spasms, glottitis, convulsions, tetany, pains during passive motions, insomnia, etc. Both agree as to the beneficial influence of phosphorus in that disease. Soltmann observed in sixty cases rapid improvement of the whole state, increased appetite, a better nutrition, and a better state in the osseous affection gradually developed itself. He gives phosphorus in emulsion with Gummi arab, and ol. oliororum, about half mgrm. pro die, to be taken at once.

Kassowitz asserts that the fœtus at the seventh month of uterine life may show clear traces of rachitis in his skeleton, and in the larger pædiatric clinic over which he presides; he found during the first two months of life 55 per cent., during the third and fourth 76 per cent., during the fifth and sixth 91 per cent., with a rachitic tendency. He doubts whether craniotabes alone suffices for such a diagnosis; but whenever the infants were for some time under observation, the other



symptoms soon joined this initial symptom, and it is of the utmost importance to recognize the disease at an early stage, for only thus may be prevented the grave consequences of rachitis, the deformities of the thorax, of the spinal column, of the pelvis and of the extremities. Every infant ought to be examined during the first month of his life in relation to rachitis ; we must touch the resistance of the occiput and of the bony margins of the sutures and fontanelles ; the naked thorax needs our examination so that we may convince ourselves by inspection and palpation of the state of the cartilages of the ribs. How to bring up such infants is often a very serious question, for the mother or wet nurse may be also tainted and their milk may only aggravate the disposition.

Toeplitz prefers to give phosphorus in cod-liver oil (phosph. o. 'oi. ol. jac: asel. 100) morning and evening, a teaspoonful, so that the daily dose is only two-thirds of a milligramme, and in lighter cases he reduces the dose so that the mixture may suffice for three or four weeks. So far no ill effects were observed, even when taken during the whole summer season, where only an accidental diarrhœa necessitates its stoppage for a few days. Its benefit shows itself already in the first four weeks, the features become brighter, they nurse better and are more tractable. The obstinate nervous symptoms, as the sweating of the head, cease, their movements become more energetic, and they can be raised up without making them cry. The disappearance of the symptoms is not always the same; in some cases the craniotabes passes away first, whereas other symptoms remain yet for some time, and in other cases the soft occiput can still be felt though other manifestations had greatly improved. The duration of treatment with phosphorus differs greatly, four to six weeks may suffice, or it may last eight to ten months, and the quantity of phosphorus necessary for a cure also differs. Of the utmost importance the hygiene and dietetic treatment, for sins against their rachitic children are constantly committed by loving parents. A pure milk diet, diluted according to age, daily baths of 26—27 R. (about 85—90 F.), pure fresh air in the nursery and in the sleeping-room, removal of all feather pillows and covering ; let the child rest on hard mattresses and woolen blankets. *The damage is done by parents and nurses urging infants to stand up and to walk.* Rachitic children must be constantly in a horizontal position till they can sit up by themselves, and then as soon as they are able to sit up, put them and keep them on the covered floor till they can rise by themselves. Only by the strictest adherence to this rule deformities, incurvations, and infractions can be prevented.

Of all symptoms of rachitis craniotabes is observed in half the cases,

spasmus glottidis is next in frequency and was mostly removed in a few weeks after having lasted for months. The convulsions of rachitic children needs neither narcotica nor antispasmodica, keep steadily on with the phosphor treatment. In cases of rachitic children dentition runs an irregular course, whereas phosphorus after a month or so regulates the cutting of teeth, which henceforth appear in pairs. The increase in weight can at first hardly be observed, though they improve mentally and bodily under the treatment ; the lungs enlarge, the thorax widens, breathing loses its expirating type and becomes stronger and easier, the great disposition to catarrhs and broncho-pneumonia diminish, and even already forming deformities may pass off with returning strength in the osseous system.—*Allg. Med. Central Zeitung.*

SAN FRANCISCO, CALA.

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## NOTES ON HOMŒOPATHIC PRACTICE.

BY E. M. HARRISON, M. D.

1. *Dosage.*—My rule in giving medicine is this : Five drops (or double the amount of No. 40 globules) of the indicated remedy in six ounces of water. Teaspoonful every half hour until improvement sets in ; then once an hour for three hours. If the improvement continues, every two hours for six or eight hours. If the patient is still on the high road to recovery at this time, I only repeat the medicine once or twice a day until well. In all acute diseases I never vary from the above.

2. *Potency.*—In this southern malarial climate I prefer the lower potencies. For malarial fevers, from the first to the third ; more often the first. In all other acute troubles from 3<sup>x</sup> to the 30<sup>x</sup>. In chronic diseases from the 30<sup>x</sup> to 200<sup>x</sup> ; more often the 30<sup>x</sup>.

3. *Symptoms.*—I never, if it can be helped, prescribe for secondary symptoms. If having a line of symptoms in a patient that are known to be secondary to a certain drug, I give blanks and make a desperate effort to find a medicine that has the same symptoms as its primary effect. If I do, I say to my patient, having the right remedy, you will commence improving from this day on ; and I have not made a single failure since becoming a homœopath, sixteen years ago.

4. *Alternation.*—This is unnecessary and I think foolish as it stultifies the development of our true homœopathy and the usefulness of the prescriber.

5. *Theory.*—Every homœopath has a theory of the action of his medicine. Mine is this : That all diseases are primary (positive) mag-

netic. Not secondary (negative) magnetic. As all positives repel one another, to meet this primary or positive magnetic disease, it is necessary to select a remedy whose primary (positive) symptoms correspond with the totality of the disease. If this is done, I will guarantee a cure, even if the patient seems to be at the point of death. If the remedy is given according to its primary effect, it will hasten the reactive or secondary action of nature which are negative and curative. The above paragraph is all theory of how it is done. No ; the *how* is theory and the *done* is the fact.

6. *Materia Medica*.—Our authors of *materia medicas* should only give the positive or primary effect of each drug proven. It is the pathogenetic effect of a drug that is of any value to us homœopaths. The secondary symptoms rarely, if ever, make any one sick—*e. g.*, the man who drinks alcoholic stimulants, and whom it does *not* make *drunk* with other primary effects, will have what is called the secondary effects, vomiting, etc. Then he will feel as clear as a bell. Nature has rid herself of the poison before its pathogenetic effect. But how is it with the man who gets drunk? If you don't know just ask him. All the vomiting he can do will not make him feel any better for a day or two. Nature could not resist or react on the poison before its pathogenetic effect, so had to suffer from a medicinal disease for a time. If the secondary effects are inserted in the *materia medica* (which is well), let it be done in such a manner that the student of medicine can tell which are primary and which secondary.

7. *Secondary Symptoms*.—My idea of the so-called secondary effect of all drugs is : Nature making a grand effort to rally from the positive (primary) disturbance of the drug, and not pure drug effect. Reaction of independent nature to expel the disease-making intruder. The homœopath who anchors by these secondary symptoms will find his faith in homœopathy drifting and his good old boat of similars leaking compounds and worse nauseating stuff.

8. *The Law*.—When I was converted to homœopathy it was an honest conversion. The law to me is infallible. There has been no reason to doubt it, although I made many failures at first with malarial and kindred troubles. But God says in his word, "Seek and ye shall find." I acknowledged the failures to be mine and not those of the law (homœopathy). It was the ignorance of the prescriber, and I allowed no blame to be laid to the door of homœopathy.

9. *Success*.—If you have had trouble with your malarial patients commence anew. Note down all the symptoms of each patient carefully ; search the *materia medica* until you find a remedy whose pathogenetic (primary) effect exactly corresponds with the totality of your

patient ; give but the one remedy, and give it low, first in tincture, according to section 1, and my word for it you will never have to resort to the compound of quinine, iron, and capsicum. If you prescribe according to the secondary effect of the drug you will certainly fail, just as the *regular* old toads who go croaking around in our green marshes, that malaria is a poison and needs an antidote ; quinine, iron, and capsicum are the only antidotes.

10. *Who is right*, the high or low dilutionist ? Both, if they stick to the law of similia. By giving medicine according to section one, some say it is high dilution, some say low. That is not the thing. Is it homœopathy ? Not unless it is given in accordance with the law of *similia similibus curantur*. Then it is strictly homœopathic ; but if given according to the law of *contraria contrariis* then it is not homœopathic. So it is easy to be seen that the dilution has nothing to do with the facts in homœopathy. If a physician gives his medicine according to the law of similia he is a homœopath. I care not if it is the mother tincture or the 72,000, and both gentlemen are entitled to our respect and encouragement instead of derision and vituperation.

11. *Fraud*.—But the man that holds out to the world he is a homœopath, and wilfully, premeditatedly gives compounds, mixtures, blisters, and plasters, as I judge some do, are the worst enemies we have.

12. It may seem on first thought that I was drawing the lines a little too close ; *e. g.*, opii has cured diarrhœa, yet the primary symptoms are constipation, etc. But opii did not cure the loose bowels ; it cured the primary disease, stupor, insensibility, heavy or laborious breathing, and griping (the kind you see in constipation). The color or consistency of the stool have nothing to do with the selection of opii, and if it had not been that the totality of the symptoms were positive (primary) magnetic, the disease would have never been repelled by opii. Compare alo., mer., pod., croc., and many others, whose primary effect is looseness of the bowels ; then the color and condition of the stools are very important, because it will correspond with the totality of the other symptoms. A case, Mr. T., chronic diarrhœa, of three years' standing, had used all the allopathic shops could turn out, but to no purpose. When he called on me I found him to be a stout, healthy, robust, cheerful man ; no indication of disease, except shortly after each meal he would have from one to three yellow, watery stools, squirting out, sometimes soiling the flesh around the anus ; no other symptoms ; had come to believe it was of no great importance, as it did not make him sick or give him any trouble except the back-door trots three times per day. Croc. tig. 30x cured in three days. Can you make a cure like this, with a remedy whose secondary symptoms are looseness of the bowels ? I think not.

The brilliant cure is not from the bowel symptoms, but from the totality of the other symptoms, which are sure to be primary.

FR. SMITH, ARK.

## DISEASES OF CHILDREN.

BY DR. M. H. VAN TINE.

**S**CARLATINA and Scarlatiniform Eruptions following Injuries and Operations : Dr. J. E. Atkinson (*Journ. of Cutan. and Vener Dis.*) October, 1886, infers that the increased liability to scarlatina and its peculiar eruption in persons who have suffered injury or who have undergone surgical operations is due to diminished power of resistance from disease, and may hold with regard to other specific fevers, which it notably does, in respect to erysipelas, hospital gangrene.

True, scarlatina may be considered present when the epidemic tendency of the symptoms under consideration is shown after injuries or operations : a rash, not dependent upon the scarlatinal poison occasionally accompanies septicamia.

Scarlatina is capable of exerting a most noxious influence in obstetrical practice.

Eruptions induced by the use of cinchona and its preparations are frequently attributed to scarlatina or septicamia.

The same authority in a paper read before the Clinical Society of Maryland (*International Journ. of Med. Sciences*) alluded to the frequency with which renal catarrh accompanies attacks of scarlet fever ; being often unobserved, in its first advances, since microscopical examination alone can demonstrate its occurrence by the presence of casts in the urine. There is considerable variation in the severity of the renal affection during different epidemics. Albuminaria may be present in from 5 to 70 per cent. of the cases—and dropsy may occur from 1 in 3, to 1 in 10. Both albuminaria and dropsy appear more frequently after the first week, although no period of the attack is wholly secure from their invasion.

The first indication may be suppression of urine and uræmic convulsions. A diminution in the quantity of urine excreted during an attack of scarlet-fever should be regarded as a sign of great importance.

Less danger is apprehended from renal complications occurring after the fourth week. Scarlatinal nephritis, as a rule, pursues a mild and favorable course. Dropsy is the first sign, appearing in the face, and often confined to that locality. It may, however, extend more gener-



ally, and may involve the serous cavities. Desquamation is often completely arrested upon the supervention of dropsy. The tongue loses the "strawberry" aspect and becomes pale, flabby, and coated, and the child becomes dull, listless, and feeble. Hæmaturia is tolerably common, especially during the third or fourth week, but ordinarily adds little to the gravity of the case. The amount of albumen present in the urine varies greatly, and is of less importance than the total quantity of urine passed. Glax was enabled to draw important conclusions from the amount of urinary water in scarlatina. He recognizes three types : 1. The total urine is only lessened during the condition of fever, returning to normal on its subsidence. 2. There is increased diuresis at the beginning, followed by diminution. Here the course is protracted, desquamation imperfect, and the heart's action weak. Anæmia frequently develops cutaneous œdema not seldom ; but the urine remains free from albumen. 3. Micturition, diminished during the fever, quickly returns to the normal during defervescence, and then suddenly diminishes and remains scanty until death, or after several days polyuria develops, which slowly sinks to normal diuresis. A lessening of the proportion of urine secreted to fluid ingested (2 : 3) not unfrequently foreshadows the approach of uræmic systems, even though the urine contain no albumen. The dropsy is indicative of the amount of the renal derangement, but cases are occasionally observed in which dropsy follows scarlatina, but without albuminuria, and this has been especially marked in particular epidemics.

Scarlatinal nephritis is not associated with any especial type or phase of scarlatina. It is as frequent after mild as after severe attacks ; indeed, the care shown in nursing the graver attacks may actually be the means of warding off the renal complications in severer cases. Violent nephritis may follow an attack of scarlatina so mild as to have escaped recognition.

*Treatment.*—The patient should be kept in bed for at least a week after the fever is controlled. Sponging and the tepid bath to be continued daily during convalescence.

As a preventive of nephritis Jaccoud relies upon a rigid milk diet, in all cases of scarlatina, and Dr. A. considers it the best diet where nephritis has already supervened. Five to four pints daily are sufficient, the latter quantity even for an adult. Liebermiester extols the action of hot air or steam baths, also the hot plunge bath, in rousing the surface to normal activity.

Leeching, or cupping over the kidneys, and the application of sinapisms or poultices are employed by some practitioners, and where the ascites is excessive paracentesis may be required.

*Infantile Eczema*.—According to Dr. Deury (*Cin., Academy of Med. icine*) eczema is a catarrhal inflammation of the skin,—simple : non-contagious : acute, or more frequently chronic in form, beginning either as an eruption or an erythematous redness—scattered, or in groups of vesicles, papules, or pustules, or all of them together. There is more or less redness and swelling of the skin, with severe burning and itching, followed by moisture and the formation of crusts, partly yellow and gummy, partly green and brown, or by a dry scaly eruption upon a red base.

He considers the disease precisely analagous to catarrh of the mucous membrane. The intense itching characteristic of this affection, compels the patient to scratch and tear away the protecting crusts and new cuticle, increasing the inflammation and extending the disease to neighboring parts of the skin.

As the restlessness which it induces may impair the general health, and as there is no danger to be apprehended from the rapid disappearance of the eruption, it should be cured as soon as possible.

In the acute form, irritation and stimulating applications are not admissible. The garments worn should be as little irritating as possible. Ordinary soap should not be used.

In eczema intertrigo, so common in the groin and nates of infants, absorbent cotton dusted with finely triturated powder should be constantly applied, so as to come in contact with the inflamed surfaces and separate them. Boracic and salicylic acids, each one part to two of subnitrate of bismuth, and five of oxide of zinc, is a good powder. Camphor mixed with ointments or washes relieves itching. A two-per-cent. solution of acetic acid, or a one-per-cent. solution of aluminium acetate in water, frequently gives relief. Carbolic acid is one of the most efficient remedies for itching.

In the commencement of papular or vesicular eczema powdered starch, talc, lycopodium powder or rice starch is good for dusting. Crusts should be removed by soaking them with oil, or by poulticing and subsequently washing them with warm water. If the surface be moist the above powders may be used instead of ointments. Lately salicylic acid has come into use as a solvent for crusts. An ointment of salicylic acid 1 drachm to 1½ oz. of vaseline, rubbed in hourly, or applied thickly spread on lint, in a few days renders the surface clear. An effectual way of applying ointments to the scalp or face is by spreading them thickly on lint and binding them on by means of the skull cap and mask already described. Where the skin is red and desquamating the milder ointments should be used.

Instead of water thin flax-seed tea or bran water are good substitutes, and very soothing to the irritated surface.

Having removed the crusts, the moist surface is to be cured. To this end he recommends diachylon ointment, the emplast, plumbi and vaseline, as p, e, or zinc ointment, which renders the eczema dry and scaly. Saponis virid two parts, spirits rectificat one part, where healing takes place too slowly.

This is to be poured on moist flannel and rubbed in, then removed with tepid water, the ointment to be reapplied after drying.

An ointment made with one part tannin to ten or fifteen parts vaseline is advised for the face, or parts where the lead or zinc ointments cannot be applied.

The above treatment renders the surface squamous, but the eczematous patch is still infiltrated, hyperasmic and desquamating.

Moderately stimulating applications are now essential, and tar is recommended as being the best agent.

Tar is too penetrating to the skin to be employed in moist eczema, but at this stage of the disease may be used with alcohol, in the proportion of one part tar to two or three parts alcohol.

Professor Widerhofer of Vienna has flannel washed in soap and water until it is filled with lather and with this rubs off the eczematous eruption. Then a strip of linen, smeared with a five per cent. bismuth salve. Lanolin 50, subnitrate bismuth 25 parts, is applied morning and evening.

Lanolin salve is more easily borne because it forms fatty acids more slowly than other fats and vaseline when in contact with the skin, the surface of children being very sensitive to the action of those acids.

As no internal remedies are mentioned it may be well to refer to the benefits wrought by the use of Mezerc 200, a single dose being accredited with having cured some obstinate cases of this disorder.

The tincture of *Corydalis for.* in material doses, has cleared away the unsightly crusts, and restored the complexion to its former fairness.

The fluid extract of burdock dose 1 to 3 drops night and morning for for two or three weeks has been known to cure some very intractable cases where other remedies had signally failed.

Rhus ven. 200 and the tissue remedies calc. sulph. and kali sulph. have also been successfully employed.

23 SMITH ST., BROOKLYN, N. Y.

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## BOOK REVIEWS.

PHYSICIAN'S MANUAL OF SIMPLE CHEMICAL TESTS. Part II. CONSTITUENTS OF URINE. By CLIFFORD MITCHEL, A.B., M.D. Author of Students' Manual of Urinary Analysis; Clinical Significance of the Urine, etc., etc. Chicago: Gale and Blocki. GEE. . 1886.

This small volume, a pamphlet of about thirty pages, is of greater

practical value to the practitioner than many more pretentious works. In small compass it gives, the physical characteristics of normal urine, the clinical significance of changes in the proportion of its constituents, abnormal constituents, their clinical significance, and the tests required in analysis of urine. It is concise, practical and reliable and should find a place on the table of every physician.

HASCHISCH. A novel. By THOROLD KING. Chicago: A. C. McClurg & Co. 1886.

It is not often that it falls to the lot of the editor of a medical journal to review a novel *pur et simple*. There are a good many things which come under his notice which might justly be classed as works of fiction, but which he hardly dare place in that category. We believe in fiction, that is in its place, a good novel may even at times become a remedial agent, and still oftener a means of prevention of mental disorders. However this has nothing to do with the volume under consideration, which is able to stand alone. As a story 'Haschisch' is well constructed, and although somewhat on the sensational order is in the vein of the modern novel. It is well planned and well written, the story runs easily, the situations are effective, and the portion involving the "Haschisch" experiment, upon which the plots turns, is ingeniously managed. As a whole the book is to be commended; and we congratulate our editorial brother, Dr. Charles Gatchell, of the *Medical Era*, upon the success of venture. If he continues his literary work we predict for him a success equal to that which he has already attained in professional life.

GOTHAM AND THE GOTHAMITES. By BARON HEINRICH OSCAR VON KARLSTEIN. Translated by F. C. VALENTINE, translator of "Claire and the Forge-Master," etc., etc. Chicago: Laird & Lee, Publishers, 286 South Water Street.

On reading this volume one has no need to ask with Burns:

"Oh that some power the gift would gie us  
To see oursel as ithers see us."

Though we doubt whether the Gothamites will be pleased with the picture the author has drawn of them, although he takes pains to assure them that he " \* \* \* Nothing extenuate nor naught set down in malice."

In the outset he describes it as a "marvel of grandeur and a charnel-house of squalor, a colossus of charity and a giant of bigotry, a mountain of freedom and an abyss of slavery, a statue of virtue and a cess-pool of vice—it is a cosmos." Certainly a city which is at the same time a charnel-house, a colossus, a giant, a mountain, an abyss, a statue and a cess-pool ought not to complain. The book, although exaggerated and somewhat imaginative, is nevertheless worth reading and deals some very fair hints against the faults and follies of metropolitan life. The translator has done his part well and made a readable book which is not always the case with a German translation, while at the same time he has closely followed the original.

FIELD'S MEDICO-LEGAL GUIDE FOR DOCTORS AND LAWYERS, Embracing the following subjects: Medical Witnesses; Medical Expert Testimony; Insanity and its Legal Relations; Privileged Communications; Abortion; Civil Liability of Medical Men for Malpractice; Criminal Liability for Malpractice; Liability for Practicing in Violation of Statutes; Damages; Compensation; Medical Ethics. By GEORGE W. FIELD, LL.B. Banks & Brothers: Albany, 473 and 475 Broadway. 1887. 12 mo. 300 pages. Price, Cloth, \$1.75. Sheep \$2.00. Net.

As a rule, the members of the medical profession have but a slight idea of their legal rights, duties and obligations. They have a vague general idea of their rights and duties under the law, but when they come to details concerning privileged communications or expert testimony or their liability for negligence or misconduct they know but little, or nothing. It is to the reproach of the profession that this should be so, for it requires but a small amount of time and labor to enable one to obtain a good general idea of the law as far as it concerns the practice of medicine. A few minutes each day devoted to the reading of such a work as "Field's Medico-Legal Guide," would soon give one a mastery of the subject. It gives a clear exposition of the law upon these subjects, as well on various others of interest and value to the members of the medical and legal professions. It is compact, is concisely yet clearly written, with citation of various cases bearing upon the points considered. The arrangement into numbered paragraphs combined with the copious index renders it very convenient for ready reference. It is a work that we commend to our readers as one that should find a place in the library of every physician.

A PRACTICAL TREATISE ON OBSTETRICS.—Vol. I.—[4 vols.].—Anatomy of the Internal and External Genitals, Physiological Phenomena [Menstruation and Fecundation.] By A. CHARPENTIER, M.D., Paris. Illustrated with lithographic plates and wood engravings. This is also Vol. I of the "Cyclopedia of Obstetrics and Gynaecology" [12 vols.], issued monthly during 1887. New York: William Wood & Co.

In the issue of their justly celebrated medical library for 1887, the Messrs. Wood have made a new departure, and have determined so to develop the plan and scope of the publication, from year to year, as will enable them to present to the medical profession the utmost possible variety with ever increasing value. The volumes announced for the present year will constitute when complete an unequaled series upon the allied subject of gynaecology and obstetrics. The first volume, which is also the first volume of Professor Charpentier's "Treatise on Obstetrics," gives promise of an exceedingly valuable work. In the original it was considered the most complete work on Obstetrics in any language, and now with the additions and notes of the editor represents not only the views of the French school but also the accepted practice of England, Germany and America. The first part of the present volume is given to the anatomy of the pelvis and the organs of generation. The second part to the physiological phenomena, puberty, ovulation, menstruation, fecundation, sterility, etc. Part III. is devoted to preg-



nancy and the final part of normal labor. The illustrations are numerous and good, and the text to the work interesting and readable. The remaining volumes are : Vol. II, Pregnancy ; Vol. III, Pathology of Pregnancy ; Vol. IV, Obstetric Operations ; Vol. V, Examinations of the Female Genitals and General Gynaecological Therapeutics. Vol. VI, Gynaecological Examination ; Vol. VII, Operations of the Uterus and Appendages ; Vol. VIII, Diseases of the Ovaries ; Vol. IX, Diseases of the Female Breast ; Vol. X, Diseases of the Female Urethra and Bladder ; Vol. XI, Sterility, and Change of Life in Women ; Vol. XII, Diseases of the Internal and External Genital organ. These works are sold only on subscription for the entire set, for which payment may be made in three equal payments of five dollars and a half each, about three months apart.

A PRACTICAL TREATISE ON OBSTETRICS.—Vol. II.—[4 vols.]—The Pathology of Pregnancy, being volume two of a practical treatise on Obstetrics, by Dr. A. CHARPENTIER, Paris. Illustrated with two colored plates and numerous wood engravings. Vol. II of the "Cyclopedia of Obstetrics and Gynaecology," [12 vols.] issued monthly during 1887. New York : William Wood & Co.

This, the second volume of the series, fully bears out the promise of the opening number. The present volume considers the diseases which may arise during pregnancy, including those which may affect a pregnant woman independently of any connection with the gravid state, but upon which pregnancy may exert a more or less injurious effect. The first chapter, which treats of the disease arising independently of pregnancy is an exceedingly interesting one, although we think it might have been extended to advantage, there is matter enough contained therein for a volume. The second chapter considers the maladies arising in connection with pregnancy, that is those induced by the condition. This covers a wide range, from lesions of digestion and nutrition, to displacements and distortions of the uterus. This, as one of the most important chapters in the book, deserves, and has received full attention. The remainder of the work is given to the diseases which spring directly from the gravid state, and involve the organs and the product of conception. The descriptive portion of the work is well done and the notes of the editor are a valuable addition, and so far as treatment is concerned, even from the standpoint of the old school, we think a great improvement upon those of the author.

MANUAL OF PHARMACODYNAMICS.—By RICHARD HUGHES, L. R. C. P., Ed. Fifth edition, a reprint with a supplement. London : Leath & Ross, 5, St. Paul's Churchyard, 9, Vere Street, Oxford Street. 1886.

This, the fifth edition of Dr. Hughes' well known work, is a reprint of the fourth edition, with a supplement of some fifty pages covering the later remedies, among which we find most of the medicines which have attained prominence within the last few years, all of which have been treated with the easy grace of the author. Those of our readers who are familiar with the previous editions of this work will need no commendation of a work which has become a classic, and those who are not should lose no time in making its acquaintance. There is prob-

ably no other work which has gained as many converts to Homœopathy as this, nor which can be found on the bookshelves of so many physicians of other schools as this. A proof that the author has had something to say and has said it well, for it is not always that an author has anything to say, or can say it if he has. It has been used as an argument against the author that he has made extensive use of information gained from such writers as Drs. Ringer and Phillips, as though any information that did not come from a particular source was to be rejected, or that the truth was to be tainted whatever its origin. The side lights thrown upon a subject are often the greatest aid to its decipherment, and certainly in such a complex and difficult matter as the Homœopathic materia medica every aid should be eagerly welcomed. As regards the curative action of the homœopathic remedy the author accepts Dr. Hales views as to the primary and secondary action of drugs. "I agree with him also that in any case of disease we must select a remedy whose primary and secondary symptoms correspond with those of the malady to be treated," always adding the proviso that there be such a succession of opposite states in either or both which does not by any means hold good in all cases. But when I am told I must make a difference in dose according as the primary or secondary stage of the disease is present, I pause, and ask why?" To this the author objects, because, "in plain words, in one I shall be practicing homœopathy, in the other antipathy." We do not think the objection is well taken, but the subject of the action of differing doses of the drug is one that needs elucidating, while too large to be treated in this connection. We are glad to see that this work has reached the fifth edition and hope it may reach as many more within the next few years.

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||—The American System of Gynæcology, which for some time past has figured among the more important announcements of Messrs. Lea Brothers & Co., of Philadelphia, we are glad to learn is well through the press, and may be expected shortly.

Numbering among its contributors such prominent authorities as Professors Barker, Battey, Engelmann, Garrigues, Goodell, Reeves Jackson, Lusk, Mundé, Reamy, Thomas, Van de Warker, etc., it will certainly present a thoroughly satisfactory and complete statement of the science in its most recent aspects, and we feel justified in congratulating the profession that what has been peculiarly an American specialty is about to receive from American hands the literary tribute due to it.

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## ABSTRACTS.

*THE Physician Himself.*—Excerpt from the address of Prof. F. F. Casseday at the fifth annual commencement exercises of the Kansas City Hospital College of Medicine :

"If habits of study and observation mark the progressive and successful physician, just so surely do habits of idleness and sloth mark the unsuccessful physician. In work there is happiness, in study there is success. Without both of these you will neither be happy nor successful.

"Another thing of paramount importance in a successful physician is honesty. As Shakespeare says : 'To thine own self be true, and it must

follow, as night the day, thou cans't not then be false to any man.' Some men have a very elastic idea of honesty. It is to them largely a matter of convenience and can be stretched to suit their own necessities. Give me a man who is honest in his convictions and has the hardihood to express and to carry them out and I will show you a man who will come to the front sooner or later. Honesty wins and compels respect. Honesty implies something more than a mere observation of fair dealing. It means avoidance of trickery and sharp practice, than which nothing is more destructive to a physician's reputation ; and right here let me mention the immense influence which the attention to the small details of business principles exerts for a man in any community. For instance, let a physician be careless about his pecuniary obligations ; in other words, let him be slow pay or poor pay, and very soon, although he be a skillful and well-educated physician, he will invariably find himself lowered in the estimation of the people in the community. The point to be borne in mind is the fact that a man must be honest and honorable in all his relations, not merely as a physician, but as a citizen and a neighbor. One great reason for the non-success and non-recognition of many physicians is their negligence, and in some cases absolute inattention to the first business principles. This matter of physician and patient is a dual obligation. In the first place the physician is under obligation to use his best efforts to advance the welfare of the patient, and the patient, on the other hand, is under just as great an obligation to give the physician a proper remuneration for his services. A great many physicians seem to labor under the delusion that they lower or debase themselves in the estimation of the patient when they demand a fee which they have earned. This is all wrong. It is not a question of asking or of giving, but a question of debt, of something that is properly due from patient to physician, and it should be attended to in a business-like way. Preachers and doctors are proverbial as being poor business men. It is their own fault. You can set it down as an almost universal fact that the patient who pays his accounts at short intervals and pays them promptly is your best patient and your best friend. Another thing, if he has paid his bill and falls sick or any of his family become ill, he feels at perfect liberty to call on you again, and will do so with greater freedom and more certainty of a prompt response from you on account of his business-like relations. In the matter of fees a physician, as a matter of course, must use his own judgment, but always bear in mind that the public will estimate him, in nine cases out of ten, by the estimate which he places on himself. Never commit the folly of reducing rates or accepting a small fee in order to gain a patient, because it will surely prove a boomerang, and do you more harm than good. Be independent, and inculcate a proper respect for the profession in the minds of your patrons. Do not allow your profession to be dragged down to the level of a trade. Do not trade upon it, but demand and receive a proper recompense for your services in a gentlemanly, dignified manner.

"There are two rocks upon which many young physicians are wrecked. The first is the anxiety to gain riches and practice by the short cut of questionable practice and methods. There is nothing, perhaps, in the whole course of a physician's life which requires so much

resolution, so much fortitude, to resist and put away as the temptation to work of the character mentioned above. Do not be deceived; the gold will turn to ashes in your grasp, and the persons who have sought and received your aid will be the first to denounce you. Never do anybody's dirty work, for it never pays under any circumstances and it always leads to disaster. If it is true, and who doubts it, that 'Honesty is the best policy,' who can doubt that avoidance of all questionable practices is by all odds the best policy for the physician. The other rock is not large but it is exceedingly dangerous. It is the temptation to build ourselves up on another's downfall. Never do it, it does not pay.

"One word in regard to the bearing of a physician toward his patients. As some one has happily said, 'Manner makes the man, and want of it the fellow.' So, truly, do good-manners, pleasant address and good-nature constitute a passport to almost any home in the land. The ideal physician is certainly a pleasant, genial man, who possesses the happy faculty of adapting himself to the varying conditions of life, the peculiarities of individuals, the idiosyncrasies which disease brings out, religious beliefs, and the thousand and one annoyances which meet him in his daily rounds. The ideal physician is certainly armed with adaptability, good-manners and tact. Adaptability will smooth many a ruffled brow and help many poor nervous patients on the road to health. Good-manners, when they spring from the heart and from an honest desire to please and make others happy, is sunshine which every household welcomes with pleasure. Tact is that admirable quality which enables the physician to get around many difficulties without being wrecked by them. A cheerful manner is as grateful to a patient as good nursing and medicine, more, it is medicine itself, and how many a weary, worn sufferer has watched anxiously for the coming of the pleasant, genial doctor, who spreads good cheer, comfort and happiness all around him."

*NEW Uses for Fehling's Solution.*—Jolly (*Moniteur de la Pharm.*) applies Fehling's solution for the discovery of not only glucose, but also peptones, phosphoric and uric acids.

I. Put in a test tube one part of Fehling's solution and ten parts of urine; heat to boiling: (a) The solution remains blue—nothing. (b) It is amber-colored, with a flocculent pale yellow precipitate—peptone. (c) It is orange-colored, and after a few moments an orange-colored precipitate—glucose.

II. Take equal parts of solution and urine; heat to boiling: (a) The liquid changes color very little; after a few moments the clear liquid remains blue and the precipitate is bluish-gray—small quantities of uric acid. (b) The clear liquid is green and the precipitate greenish-gray—excess of uric acid. (c) There is only very little precipitate—small quantities of phosphoric acid. (d) The precipitate is abundant—much phosphoric acid. (e) The liquid turns orange; on standing the clear liquid is brown and the precipitate reddish—glucose.

*CLOUDBERRY as a Diuretic.*—In the *Russkaia Meditzina*, Dr. Ivan Troitzky emphatically recommends an infusion of the leaves of cloudberry (*Rubus chamaemorus*; Russ, *moroshka*) as an excellent

diuretic remedy suitable in dropsies of every description (and extensively employed as such in the Siberian popular medicine). To prepare the infusion, the author puts (in the evening time) two drachms of the dried (not too old) leaves into a tea-pot, pours over the leaves two tea-cupfuls of boiling water, and keeps the vessel during the night in a very warm place, to use the infusion in the course of the next day (a cup in the morning, another in the evening). "Its taste is not very nasty, and becomes the less nasty the more the patient is habituated to the infusion." The author gives at length his own case. He is eighty years old, and has suffered from "*œdema pedum*" for more than ten years (chiefly every spring, but often also during summer, when the latter happens to be wet). At first he used *Adonis vernalis* and other diuretics, as well as elastic stockings; and obtained some benefit from them; but afterwards the said means ceased to bring any relief. Hence, about five years ago, he was compelled to resort to the infusion of cloudberry leaves, massage, and elastic bandage. The results were most satisfactory on every occasion. Under the use of cloudberry, the daily amount of urine always rises to 54, 60, 72, 83 ounces (to sink, after discontinuing the drug, 55, 45, 40, 38 ounces). Each time a month's treatment of the kind proves sufficient to remove *œdema* and pain.

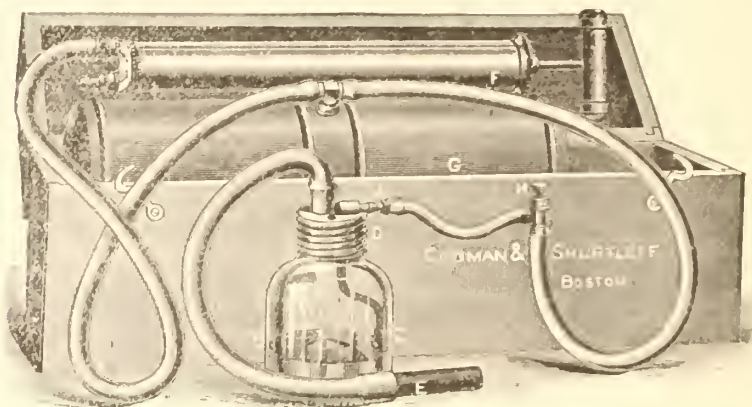
*OLIVER'S Atomizer*.—Depending upon the principle that a stream of water forced through a narrow tube against a firm resistance will become broken by the concussion into a coarser or finer spray, which remains for a short time suspended in the atmosphere, Auphan, at Euzet-les-Bains, in 1849, and, subsequently, Sales-Girons, Demarquay, Mathieu, Lewin, and others, constructed inhalation chambers, or portable apparatus for the inhalation of nebulized liquids. The apparatus of Bergson, constructed in 1862, after a suggestion of Nothanson, produces a spray by the impact of a current of air with a stream of liquid drawn by its suction power into a tube placed perpendicularly to the air-tube, the fineness of the spray being regulated by the size of the apertures in the tubes. The apparatus described twenty years ago by Dr. Henry K. Oliver, of Boston, combines these principles; the spray from a Bergson nebulizer being made to impinge upon the wall of the vessel containing the tubes and liquid, and thus becoming reduced into a state of still more minute subdivision. In the improved Oliver apparatus, the spray from the Bergson tubes first strikes upon an overhanging projection from the air-tube, and is thence deflected across the diameter and upon the wall of the glass container, being thus twice broken up, each time into finer particles; the nebula thus formed being conducted to the mouth of the patient by means of a rubber tube and mouthpiece of sufficient aperture. A separate mouthpiece should be used for each patient. The air for propulsion may be conveniently supplied by means of hand-bulbs, or, for office use, be drawn from a reservoir in connection with an air-pump; a very neat and complete apparatus, which will be found extremely satisfactory, is made at a very moderate price by Messrs. Codman & Shurtleff (See Figure).

The very fine cloud produced by this instrument, remains suspended in the atmosphere for fully a minute, and, according to the observation of Dr. George A. Evans, the admixture of glycerine with the solution



to be nebulized prolongs the period of suspension. This persistent nebular can be drawn by the patient with the current of inspired air a much greater distance into the air-passages than is possible with the ordinary sprays from the simple Bergson or Richardson tubes, even though, in the latter case, the patient inhale merely the more distant particles lightly suspended in the atmosphere.

It is a fact, not generally appreciated, that when the ordinary spray-tube is placed within the mouth, the stream of spray strikes the hard palate, pharynx, or other structures, being there in part deposited as larger or smaller globules, and in part transformed into a nebula, as in Oliver's apparatus. A small portion of the nebula is inhaled, but most of it is lost by exhalation, forming the dense cloud which is seen to issue from the mouth. Oliver's apparatus, forming outside of the body



the nebula which alone can pass the glottis, allows a much larger proportion of the fluid nebulized to reach the interior and deeper structures. It also avoids many of the objections which hold against the steam atomizer, such as the relaxing effect of the steam upon the mucous membranes. If it be considered advisable to warm the nebula, the vessel containing the medicament may be placed within another vessel containing hot water. By combining one of these instruments with an apparatus for the administration of inhalations of compressed air (Waldenburg's, or some of its modifications), the conditions are obtained which most highly favor the penetration of the vapor (into which, practically, the very fine spray becomes converted) into the ultimate air-cells.—*Med. News*.

*WHAT to do in Cases of Poisoning.* By William Murrell, M. D.—*The Antidote Bag and Case.*—The antidote bag should contain every drug and instrument likely to be required in a case poisoning. It should be to the toxicologist what the midwifery bag is to the obstetrician. It should always be kept filled ready for use, so that in case of emergency the doctor would simply have to take or send for his bag, and would not have to look for stray bottles or instruments at a time when every moment is of importance.

The antidote bag or case should contain :

I. *Instruments*.—1. Stomach-pump or stomach-tube, which might also be used as an enema apparatus. There should be a small œsophagus tube for children. If a separate enema apparatus be required Ingram and Son's is one of the best, and it is warranted "not to split." 2. Hypodermic syringe. A cap at the end to prevent the piston from getting dry is a useful addition. Messrs. Burroughs, Wellcome & Co., make a small pocket hypodermic syringe of solid silver. It is unbreakable and can not possibly get out of order. 3. Flexible catheter, No. 8.

II. *Emetics*.—1. Sulphate of zinc in half-drachm powders; one or two to be given in hot water, repeated if necessary. 2. Powdered ipecacuanha in  $\mathfrak{D}$ j powders; one or two to be given in water as an emetic. 3. Apomorphine (1 in 50 solution of the hydrochlorate in water)  $\mathfrak{Z}$ ij. Five drops hypodermically as an emetic.

III. *Stimulants*.—1. Brandy,  $\mathfrak{Z}$ iv. 2. Sal volatile,  $\mathfrak{Z}$ iv. 3. Chloric ether,  $\mathfrak{Z}$ iv. 4. Coffee in  $\frac{1}{4}$  lb. tin; to be used as an enema in poisoning by opium or other narcotics.

It is possible that caffeine might be substituted for the coffee. The best solution for hypodermic use is the "Injectio Caffeinæ Hypodermica." It is made by dissolving 20 grains of caffeine and  $17\frac{1}{2}$  grains of salicylate of soda in a drachm of water. It contains a grain in 3 minims, and 6 minims may be given at a dose. It must be remembered, however, that the warmth contained in a pint of hot coffee is not without benefit.

IV. *Antidotes*.—1. Dialyzed iron,  $\mathfrak{Z}$ xvj; should be given *ad libitum* in cases of arsenic poisoning. Wyeth's is the best. 2. Acetic Acid,  $\mathfrak{Z}$ iv; two teaspoonfuls or more in water in cases of poisoning by potash, soda, etc. To be frequently repeated. Vinegar is a good substitute. 3. Syrup of chloral,  $\mathfrak{Z}$ iv; of great value in strychnine poisoning. Three drachms (30 grains of chloral) may be given to begin with. 4. French oil of turpentine,  $\mathfrak{Z}$ ij; as an antidote in phosphorous poisoning. To be given in half-drachm doses every quarter of an hour. 5. Heavy magnesia (magnesia ponderosa); may be given almost *ad libitum* in poisoning by acids. 6. Tannic acid,  $\mathfrak{Z}$ ij; in strychnine poisoning may be given in teaspoonful doses. 7. Bromide of potassium in  $\mathfrak{Z}$ ij powders; in strychnine poisoning may give two powders to begin with, and follow with one every ten minutes for an hour or more. 8. Nitrite of amyl capsules, 5 minims in each. To inhale in chloroform poisoning, and in poisoning by aconite. 9. Chloroform,  $\mathfrak{Z}$ iv; in strychnine poisoning.

V. *Hypodermic Injections*.—1. Sulphate of atropine solution (1 in 100) B. P.,  $\mathfrak{Z}$ j; in poisoning by aconite, morphine, pilocarpine, etc. The ordinary dose for hypodermic use would be two minims, repeated in a quarter of an hour if necessary. 2. Acetate of morphine solution (1 in 10) B. P.,  $\mathfrak{Z}$ j, useful to ward off shock. Ordinary dose for hypodermic use, five minims. 3. Aconitine (English) solution (1 in 240)  $\mathfrak{Z}$ j; in poisoning by digitalis. Two minims hypodermically; may be repeated in half an hour. 4. Pilocarpine nitrate (1 in 20)  $\mathfrak{Z}$ j; given in ten minim doses, frequently repeated, in poisoning by belladonna or atropine. 5. Nitrate of strychnine solution (1 in 50)  $\mathfrak{Z}$ j; in chloral poisoning given in two minim doses. 6. Tincture of digitalis,  $\mathfrak{Z}$ j; in aconite poisoning in 20 minims doses hypodermically.

Compressed tabloids of atropine, morphine, etc., may be substituted with advantage for many of these solutions. I have tried nearly all the Wyeth compressed hypodermic tabloids, and find that they are reliable. If the necks of bottles are not very carefully ground, the stoppers either leak or at a critical moment are found to be firmly fixed. The tabloids occupy less room, and need not be in stoppered bottles. Those who are interested in the subject should read Bartholow's *Hypodermatic Medication*, 4th edition, or Bourneville's *Manuel des Injections Sous-cutanées*.

#### VI. *The Poison Book* (latest edition).

An Antidote Bag or Case of some kind should be kept in readiness at every police station, and in the casualty room of every hospital.

It is a good plan to inspect the bag or case at intervals to see that everything is in working order. The piston of the hypodermic syringe always works badly if not looked after. A little vaseline may be applied to the stoppers of the bottles.

*Martindale's Antidote Bag*.—Mr. Martindale, of 10 New Cavendish Street, W., has for some years past, made me a bag which answers the purpose admirably.

It contains in a morocco bag a hypodermic syringe, a case of solutions, and a series of chemical and physiological antidotes. The following is the list of medicines: Dialysed iron, syrup of chloral, chloroform, aromatic spirit of ammonia, spirit of chloroform, French oil of turpentine, acetic acid, tincture of digitalis, nitrite of amyl capsules, sulphate of zinc, ipecacuanha, bromide of potassium, calcined magnesia, tannin, hypodermic injections of strychnine, morphine, atropine, apomorphine, pilocarpine.

Its price is five guineas. A larger bag suitable for hospitals contains an additional supply of drugs, a catheter, and a lever stomach-pump.

*The Burroughs' Antidote Case*.—The Burroughs' Antidote Case, made by Messrs. Burroughs, Wellcome & Co., is wonderfully useful and compact. It contains a stomach-tube of novel construction. Wyeth's dialyzed iron, sal volatile, French oil of turpentine, and tabloids of sulphate of zinc (ten grains), chloral hydrate (ten grains), and bromide of potassium (ten grains), with capsules of nitrite of amyl. There is also a hypodermic syringe fitted with a cap, a glass mortar and pestle for dissolving the tabloids, and a case of tubes for hypodermic use containing tabloids of apomorphine (one-tenth of a grain), sulphate of morphine (a quarter of a grain), sulphate of atropine (one-sixtieth of a grain), hydrochlorate of pilocarpine (one-third of a grain), sodio-salicylate of caffeine (half a grain), sulphate of strychnine (one-sixtieth of a grain), digitaline (one-hundredth of a grain), and aconitine (one-hundred and thirtieth of a grain). It measures about eight inches by three and when full weighs less than two pounds. Its price is two guineas complete. It is a capital case and is a marvel of compactness and cheapness.

*The Battery*.—A battery (interrupted current) is useful, and may be obtained for about \$10. The best of all is the Appareil d'Induction Volta Faradique, made by A. GaiFFE, of Paris. It is a wonderful little instrument and is so small that it can be carried in the breast-pocket.

It is ready for use in a moment and there is nothing to spill and nothing to get out of order. It costs only about 20 francs, an absurdly small price. In poisoning by ammonia or nitric acid tracheotomy instruments might be required. In cases of prolonged insensibility the bladder should be emptied.

*The Stomach-Pump.*—Every doctor should have a stomach-pump, or an efficient substitute. It may not be wanted for years, but it may be wanted to-morrow, and a life, or many lives, may depend on its being in working order. A good stomach-pump, with flute key action and every thing complete, may be obtained for £2 or even less, and it requires no special knowledge to use it. The only points to remember are that it is advisable to pump in a little water before trying to empty the stomach, and that the stomach should not only be emptied, but thoroughly washed out. Antidotes may be conveniently introduced in this way. In cases of poisoning with the mineral acids—nitric, hydrochloric, and sulphuric acids, for example—it is not safe to use it.

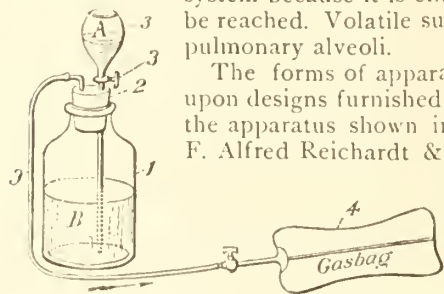
Fortunately, in cases of emergency it is no very difficult matter to rig up an apparatus that will effectually empty and wash out the stomach, without a stomach-pump. Take a piece of India-rubber tubing, about six feet long, and pass it down the œsophagus till it reaches the stomach; now hold the other end well above the head, and by means of a funnel pour in water till the stomach is nearly full. If the tube be pinched while distended with water, and the lower end placed in a basin below the level of the stomach, it will act as a syphon and the stomach will be emptied. This may be repeated three or four times till the water comes back quite clear and free from smell. In the absence of a funnel a common India-rubber bottle may be used to fill the tube, or, for the matter of that, even the mouth filled with water. A common Higginson's enema apparatus will do very well to inject the water, and if it has no valves, or if they do not work—not an uncommon occurrence—it will help to form part of the syphon. Those who are interested in the subject will do well to read a paper by Professor Harvey, formerly of Aberdeen, in the *British Medical Journal* for October 16, 1875.

*Transfusion.*—In many cases of poisoning transfusion might be employed with advantage as suggested by Dr. Ringer in the *Lancet* of July 14th, 1883. It is not necessary to use blood, as a saline solution will do just as well. It would be best to inject it into the circulation direct, but in the absence of a suitable apparatus it could be introduced by the stomach-pump into the stomach or rectum from which it would probably be absorbed. The following is the formula I use: common salt, one drachm, bicarbonate of sodium, four grains, chloride of calcium, three grains, chloride of potassium, one grain, water, twenty ounces at a temperature 100° F. On several occasions I have injected this into the peritoneal cavity with good results. The only apparatus employed (*Lancet*, April 21st, 1883) was the canula of an aspirator attached to a piece of India-rubber tubing, the fluid being allowed to run in by syphon action.—*Med. Reg.*

*ADMINISTRATION of Gaseous Enemata.*—A share of professional and public attention has recently been directed to the adminis-



tration of gaseous enemata for the treatment of blood poisoning and of affections of the respiratory passages. The object in view is to supply to the venous circulation an antiseptic, in sufficient doses to be effective; a result impossible when supplied directly to the arterial current, a plan which would poison the patient. Hydrogen sulphide inhaled in far less than sufficient doses would suffocate the patient; taken by the stomach, it would produce other serious results. Administered by the bowels, however, and entering the venous current already deteriorated by organic refuse, it is quickly eliminated by the respiratory tract, which thus becomes subject to its beneficial local antiseptic effects without subjecting the system at large to injury, as when thrown into the arterial current. In other words, the parasite is killed, without killing the individual. Its beneficial effects in phthisis are explained by the action of the gas on the suppurative and septic surfaces, and not by any influence on the bacillus tuberculosis; the consumption proper, the exhaustion, being due to the suppuration and to the consequent septicæmia, and not immediately to the bacillus, which, while it produces the destruction of tissue, does not produce the morbid phenomena. The method of administration utilizes the discovery announced by Bernard in 1857, that toxic materials introduced into the economy through an organ at a distance from the arterial system could not penetrate into the arterial system because it is eliminated before that system can be reached. Volatile substances are eliminated by the pulmonary alveoli.



The forms of apparatus at present in use are based upon designs furnished by Dr. V. Morel, of Lyons, and the apparatus shown in accompanying cuts is made by F. Alfred Reichardt & Co., New York.

Various antiseptic gases and vapors have been tried, but abandoned on account of local irritant action, but a mixture of carbon dioxide (carbonic acid gas) and hydrogen sulphide (sulphuretted hydrogen) is entirely harmless when properly used and completely deprived of atmospheric air.

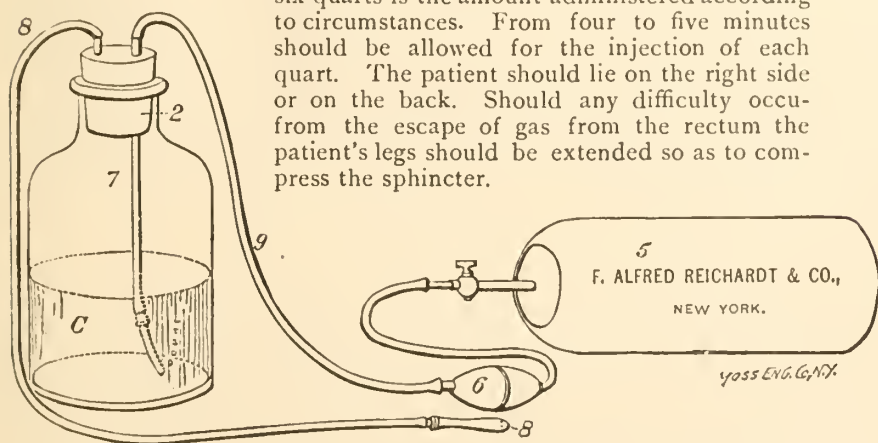
Since the object of this article is entirely practical, it will not be necessary to discuss the physiological action or the therapeutical theories involved. There will simply be presented descriptions of the more recent forms of the apparatus and of the method of use.

The apparatus consists of a generator, a reservoir, a bulb apparatus for injection and a vessel for holding the sulphur water. To generate the carbon dioxide, put one avoirdupois ounce of sodium bicarbonate and once fluid ounce of water into the wide-mouth jar; close the jar with the rubber stopper carrying the funnel-tube and short delivery-tube. Fill the funnel with dilute sulphuric acid, made by adding four fluid drachms of strong acid to four fluid ounces of water. By means of the stop-cock on the funnel-tube, allow about a teaspoonful of the acid to run into the bottle so as to generate sufficient gas to expel the air in the bottle. Then having rolled the reservoir tightly to exclude all air, connect it by means of the rubber hose to the generator, and



continue the slow addition of the acid from the funnel-tube until the reservoir is filled. The quantities above given for charging the generator will be found about sufficient to fill the reservoir. Dr. Bergeon recommends that the acid be prepared at the bedside, but it has been used entirely successfully after being kept six hours in a heavy vulcanized rubber bag. When the reservoir is filled it is detached from the hose and the stop-cock immediately closed.

To administer the gas, the reservoir is attached to the free end of the syringe bulb; the wash-bottle being about three-fourths filled with sulphur water is stood in a basin of warm water and closed by the rubber stopper carrying two tubes, attached to the other end of the syringe bulb. The stop-cock of the reservoir is opened and sufficient gas forced through by means of the syringe bulb to expel the air from the wash-bottle and tubes; the hard-rubber vaginal syringe pipe is then well inserted into the rectum, and the gas pumped very slowly. From one to six quarts is the amount administered according to circumstances. From four to five minutes should be allowed for the injection of each quart. The patient should lie on the right side or on the back. Should any difficulty occur from the escape of gas from the rectum the patient's legs should be extended so as to compress the sphincter.



It is the universal statement of patients that the injection can be given more satisfactorily and with less uneasiness when the bowels have been emptied. Two injections a day should be given. Since the injections interfere slightly with digestion, it should be given either one hour before or three hours after a meal. No pain except that of slight distention of the bowel is felt unless air is present in the apparatus. The natural sulphur waters are preferred, but although artificial waters have been said to cause pain, the following formulæ have been used without any difference of effect from natural waters having been noticed by the patient.

℞ Sodium sulphide, pure,  
Sodium chloride,                      āā gr. v  
Water,                                      f ̄ xxij. M.

This is the formula first used at the Philadelphia Hospital. The hydrogen sulphide is formed by the action of the carbonic acid on the sodium sulphide substantially according to the following reaction :



When pure sodium sulphide is not attainable, the *potassium sulphuratum* or corresponding sodium compound may be used. These must be used in rather larger proportion, and produce an objectionable white precipitate of sulphur. If the sulphur water is of sufficient strength, the patient's breath will, in about five minutes after beginning the administration, darken lead acetate paper, and will continue to smell of gas for an hour after the process is discontinued. It may be remarked that metals, especially silver, are readily tarnished by the sulphur gases.

The method has, up to the present, been used upon about one hundred cases in Philadelphia without any untoward effects, so far as known, except in one or two instances, one of which was due to a leaky bag, and another to incorrect administration. It is, perhaps, too soon to decide positively on the therapeutic value of the new method, but it seems in the experience in this city to have the special quality of diminishing night sweats and improving the appetite.

In Bergeon's cases, the trifling expectorations of those apparently practically cured continued to contain bacilli. This fact may be taken both for an indication that the immediate danger in phthisis is less from the bacilli than from the septicæmia which they set up, and as an indication that this protective treatment, when successful, should not be discontinued until the general healthiness of the tissues is sufficiently restored to resist the further development and sustenance of the bacillus tuberculosis.

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### ITEMS.

—Dr. Frank L. Vincent of Troy, has accepted a position on the medical staff of the Sanitarium at Clifton Springs, New York.

—At the Women's and Children's hospital, Newark, after recent surgical operations, Phosphated Coca-Malt has been administered with especially good results, it having a marked tonic effect on the heart and nervous system.

—A prize of fifty thousand francs is offered by the French Minister of Education for a discovery rendering electricity economically applicable in the shape of heat, light, chemical action, mechanical power, transmission of messages, or treatment of disease. A committee, with M. Bertrand, of the Academy of Sciences, as its chairman, will adjudicate.

—Professor N. S. Shaler, whose recent article in *Scribner's Magazine* on "Earthquakes" attracted so much attention, contributes to the May number of the same magazine an article on the "Forests of North America." These papers are understood to be the first of several by the same author, which are to appear in *Scribner's* from time to time, relating to the general subject of the surface of the earth, its life and phenomena. Professor Shaler's high scientific position, combined with his remarkable faculty of seizing the points of practical and pictures queinterest in a subject, give him an unusual fitness for performing this task. The current article and future ones will be profusely illustrated.

—More patent medicines proportionately are sold in the United States than elsewhere. The great middle class buys most of them. The smaller country newspapers subsist largely upon advertisements of these "remedies," at least \$100,000,000 have been paid newspapers during the last two decades, and \$5,000,000 expended in rock and fence advertisements. The field for new patent medicines is narrowed every day. Cathartic pills and sarsaparillas do not succeed readily, because so many well-established specimens occupy the field. The census of 1880 shows that there were then 563 establishments in this line in the United States, employing 4,015 operatives; that the capital invested was \$10,620,900, and that the value of the annual output was \$14,682,000.

THE  
AMERICAN HOMŒOPATHIST.

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No. 6.

A rift in the cloud which lowers upon the Homœopathic profession in England, is the courtesy shown by the British Gynæcological Society toward Homœopathic practitioners. Not only are they received on equal footing with members of the Society, but a recent attempt to asperse the character of a Homœopathist on account of his practice was indignantly repelled by his orthodox brethren.

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From time immemorial; the statement that, the drinking of water with the meals, was in direct contravention of all physiological laws and a prolific cause of indigestion, has been promulgated. He who would keep his stomach in the best condition for performing its part in the process of digestion, ran the dictum, should forswear all fluids until his meal was concluded. But now arises a prophet in Dr. Leuf, who, in the *Med. Record*, in a dissertation upon the stomach says that the old theory is all wrong, and that it is perfectly proper to drink water before, after, and during meals. That the proper time for eating soup, inconsistent as it may seem with physiological laws, is at the beginning of the meal, in accordance with the time honored custom of civilized men. So one by one the roses fade, and one by one the traditions to which we have pinned our faith are rudely shattered by the scientific iconoclast.

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In a recent Medical Journal we noticed an article which boldly attacks vaccination as the cause of diphtheria. The writer asserting that he had never had a case of diphtheria in an unvaccinated child. Neither have we, but we were not aware, until our attention was thus called to the matter of the connection between diphtheria and vaccination. It is true that under various names this disease can be traced back to a time when vaccination had not been dreamed of, but a little thing like that should not be allowed to stand in the way of so brilliant a discovery. We have not any doubt but that this pernicious habit of vaccination is at the bottom of all the ills we suffer.

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As throwing light upon one of the vexed questions of medicine, the series of experiments recently made by Dr. Renshaw and reported in

the *Practitioner* of Feb. 1887, have a practical value. The causation of diphtheria, and of zymotic diseases generally, is still an open question. For while on the one hand, the majority of cases of these diseases may be traced to a known source of infection; on the other, the occurrence of cases which spring up *de novo* is familiar to every practitioner. And these cases arise under such diverse circumstances as to give no clue to their origin. From the observations, however of Dr. Renshaw, who cites a number of cases in which the disease originated independently of any pre-existing case, it appears that in these cases at least, the cause of the disease was in all probability from a combination of the dual poisons, from a ferment of decaying vegetation and animal decomposition when mixed in a state of putrefaction, neither poison alone seeming capable of producing the disease. From the experiments made, it also appears that diphtheria can be communicated from man to carnivorous animals by inoculation, either with the liquor sanguinis or the diphtheritic membrane. The experiments made with the grayish white membrane, seven in number, were all successful; while those made with the yellowish white, fourteen in number, were all failures. From this it appears, as clinical experience has already shown, that that form of the diseases in which the grayish white membrane occurs is the most virulent. Dr. Renshaw also shows, in another series of experiments, that the membrane of croup, even when similar in appearance to the grayish white membrane of diphtheria, failed to produce the disease in animals, this going far toward proving the essential difference between membranous croup and diphtheria.

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The cures for pulmonary phthisis continue to accumulate, and were one to accept the enthusiastic statements of the discoverer of each new method of treatment, this disease, the *bête noir* of the profession, should have lost all its terrors. With the discovery of the tubercle bacillus a fresh impetus was given to the production of new systems of cure, until the number has grown so great that it is almost impossible to enumerate them. It is a curious feature of this craze for novel methods of cure, that with all these diverse modes of treatment, from the pneumatic cabinet, to the gaseous enemata of Bergeon, there are always well authenticated cases reported, in which the cough and expectoration have been reduced, night sweats checked, the appetite restored, and marked gain of strength and flesh made. It is an apt illustration of the influence of the mind, upon the body, that, even in such hopeless conditions as advanced phthisis, the stimulus of the hope excited by a new method of treatment is capable of producing so great an amelioration of the disease. But, ere long, the promises so bright at the beginning of

each new scheme are found to be illusory, and the new method becomes of no more avail in the treatment of the disease than the old. The latest method, that of gaseous enemata, seems destined to enjoy even a briefer period of popularity than its predecessors. It has scarcely been fairly put upon its trial in this country, when its efficacy is denied and we learn that in Paris, the interest is declining, and that Germain See has abandoned this method because the results have not been satisfactory.

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In a paper read before the Richmond Medical and Surgical Society by Dr. H. B. Gray, the author stated that the excretion of phosphates is largely increased during pregnancy. He begins by stating that phosphorus is the great cerebro-spinal food or fuel, and that the amount consumed is largely increased in all hypertaxation of this system, whether the result of diseased conditions of these centres, or their unusual physiological exercise. Neurasthenia, and many cerebral troubles, as also the tense mental strain of literary men were cited as examples. When the expenditure exceeds the daily replenishing, then cerebro-spinal hunger is necessarily inaugurated, as evidenced by odontalgia, otalgia, and other nervous conditions. These are attributed to the large deflection of phosphorus from the mother's wants, and its appropriation to, and consumption in the maturation and building of the foetus. While this is going on the parent furnaces are starving for fuel, and they raise their voices for support. The practical conclusion to be drawn from the paper, is that of supplying phosphorus, or phosphates, to the system, during such conditions, in such form as to be readily assimilated, and to supply the demand for fuel.

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## TRACHELORRAPHY, AND ITS PREPARATORY TREATMENT.\*

H. I. OSTROM, M. D.

(Visiting Surgeon to Ward's Island Hospital; to the Hahnemann Hospital, New York, and to the House of the Good Samaritan Viakonossen.)

LATERLY, I have obtained such very satisfactory results from my operations upon the lacerated uterine cervix, and have cured cases that I am confident would not have been benefited by my former methods of preparing for, and doing trachelorrhaphy, that I thought it might not be without interest, to discuss this evening, some of the causes that have probably contributed to my successful sewing together of a lacerated uterine cervix. Let us before proceeding further, clearly

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\* Read before the "New York Clinical Club," April 15, 1887.



understand what a successful trachelorrhaphy means. It is not alone necessary to bring about a union of the torn tissues—this may sometimes take place, and still the woman remains as before the operation—to insure success, nor is the operation the only step to be considered, much, very much, depends upon the preparatory treatment; without due attention to this, the most perfectly performed operation will prove a failure. The preparatory treatment constitutes an important part of the success of trachelorrhaphy, and together with the operation, contributes to success, which must be understood as removing the effect, as well as the cause.

It is probable that few children are born, without, in a greater or less degree, tearing the neck of the uterus, though as an exception to this, I may mention a lady now under my care for an extensive pelvic cellulitis, who has given birth to seven children within a period of thirteen years, whose cervix is quite virginal in size and shape, and shows no evidence of the distention to which it has been subjected. It is also probable that many women whose wombs are badly torn, remain ignorant of their condition, and continue in good general health, with no indication of a uterine lesion. We are therefore forced to the conclusions that simple treating of the uterine cervix is not alone the cause of the distressing, and sometimes really serious conditions that surgeons have lately learned to associate with this accident of the puerperium; and also that it is not always possible to establish a relation between the extent of the tear and the degree of trouble to which it has given rise, for we find the most serious pelvic disturbance that can be attributed to this lesion, dependent upon a small, and apparently insignificant laceration, while upon the other hand, a large and bilateral laceration may give rise to no disturbance. Surgeons have been long in recognizing that wounds in this region are subject to the same laws of healing, that govern other wounds; and until this recognition, every lacerated cervix was sewed. If the pelvic organs were otherwise in perfect health, the operation was done to prevent disease; if there was evidence of any disturbance, whether this could be connected with the laceration or not, trachelorrhaphy was performed as a preliminary measure. The truth is, a lacerated cervix, like any other wound, may heal well, or it may heal poorly. The cicatricial tissue may be very dense; the reparative process may be very slow, thus inducing a chronic hyperplasia at the seat of injury; the uterus may from other and more general causes, remain in a state of subinvolution which retards healing of the laceration, and tends to develop new vascular canals, and inflammatory new tissue; a previous cellulitis, or its effects may exist, and retard, or prevent the reparative process; or finally some vicious dyscrasia may

occupy the system, and interfere with the laws of repair, and nutrition. Any one of these factors is liable to occur at any time, and will be powerful to render grave the consequences of a small laceration, or its absence, be liable to diminish the evil results of an extensive laceration.

Because of the failure of many obstetricians to ascertain the condition of the uterus before dismissing their patients, cases of lacerated cervix do not generally come under the surgeon's notice until the primary lesion has healed, and become a matter of minor importance, in relation to the secondary lesions of which it was the cause. Now the secondary lesions which we recognize as dependent upon a lacerated cervix, cervical endo-metritis, sub-involution of the uterus, peri-uterine cellulitis, neuralgia of the cervix, epithelioma, etc., have, before the surgeon is consulted, reached such a state of pathological definiteness and independence, that the removal of the cause, that is, the restoration of the continuity of the cervical canal, will not alone restore the pelvic viscera to health. These secondary lesions have, in a pathological sense, become self-supporting, and while their seriousness may increase, by a continuance of the laceration, the inflammation, and hyperplasia, will not disappear by operating upon the laceration. Moreover, the pathological status of the results of the laceration, are opposed to establishing that reparative process which must obtain if it is sought to bring about union of the torn cervix. We have, therefore, between a lacerated cervix and its consequences, the somewhat anomalous relation, that before the cause of the trouble can, with any prospect of success, be attacked, the effect of that cause must be removed. It may well be asked, how can this be accomplished. How is it possible to remove an effect, while the cause remains active. Upon the answer to these questions, depends much of our success in trachelorrhaphy.

I think it capable of demonstration, that after the laceration has set up the processes which result in cellulitis, endo-metritis, etc., and let it be remembered that the stages by which this is accomplished are usually chronic, and the laceration has ceased to be an open wound, that the continued influence of the uterine lesion upon the pelvic pathology is chiefly mechanical, and is especially active when the body is in the erect position, for it is probable that the enlarged cervix, by removing support, favors protrusion of the endo-metrium, and that this, in connection with interference with the uterine and pelvic circulation, induces cellulitis, both of which forces are especially active when gravity is called to their aid. Inasmuch, therefore as, in the majority of instances, unless the case is a very recent one, that has not yet resulted in secondary pathological changes, we cannot begin our treatment by repairing the uterine laceration. Our attention must be directed towards overcoming this

mechanical force, and giving by position the support that has been withdrawn. To this end we must insist upon rest, and by rest, I mean rest in the recumbent position ; entire freedom from any occupation that will send the blood unduly to the pelvic tissues, or prevent its free return, and sexual abstinence. Especially should these rules be enforced during menstruation.

To this required rest, which if minutely prescribed, will prove less irksome to our patients—because of the better facilities offered for enforcing strict rules of conduct and diet, I prefer to take my patients to the hospital for treatment and for operating—must be added as an important element of success, a local treatment, calculated to restore the pelvic and uterine circulation, and to remove the hyperplastic changes that have taken place in the uterus and in the uterine canal. The agents that I have learned to rely upon are few. When cystic hyperplasia exists, each Nabothian cyst must be punctured, but for the erosion, granular or follicular, nothing answers as well as a solution of nitrate of silver, grs. x, aqua ʒj. When the granular features predominate, occasional touching with the sulphate of copper will be most beneficial, and when there is much catarrh of the cervix, carbolic acid pure, or with an equal part of Churchill's iodine, will yield good results. About the utility of the free use of glycerine, medicated or pure, I do not feel confident. The hydragogic action is the one desired, but I have sometimes thought that the hardness of the cervix, which our treatment is designed to remove, is increased by the too free and long-continued use of the glycerine plug. For general use, however, and as a vehicle for medication, there is nothing in present use that can take its place. Iodine still remains the great alternative. This, in the form of Churchill's tincture, will be found to accomplish more towards reducing pelvic cellulitis than any other agent. For the excoriation that sometimes follows its use, I find nothing to answer as well as a few drops of the fluid extract of eucalyptus on the glycerine plug. The mildly stimulating action of orris root is sometimes of service at this stage of the treatment. I use it made into a paste with glycerine. Iodol prepared in the same manner is also an excellent application.

As will be observed, I do not depend upon internal medication in preparing patients for trachelorrhaphy. But I do not wish to be understood as intending to assign this to a position of minor importance. When a dyscrasia can be discovered, internal medication must form the basis of our treatment, but when the pathology is local, I find that it only assists local measures. Some of the preparations of *Mercury*, of *Iodine*, of *Iron*—*Ferrum iodatum* is especially useful. *Benzonin*, with *macrotine* at the time of menstruation, are deserving of careful study in this class of cases.

When the pelvic cellulitis has been removed, and the diseased endometrium restored to a healthy state, and not until then, should any attempt be made to repair the lacerated cervix. If trachelorrhaphy is performed while the endometrium is congested or catarrhed, if even in a slight degree, the operation will probably be a failure, not only in respect of establishing union, but also in respect of curing the pelvic derangements. But because of the length of time so consumed, this part of the treatment of a lacerated cervix is very trying to both patient and physician. We must, however, avoid the mistake of operating too early, notwithstanding the importunities of our patients. We must also not be led into the mistake of dismissing our patient without an operation. Happily, we may be able, by time, rest, and carefully selected treatment, to remove the consequences of the local lesion, but we must not lose sight of the fact that the cause remains. This we have not touched, and under conditions less favorable than those that have been imposed, it will again be powerful to get in operation the conditions of congestion and hyperplasia that we have removed. If a lacerated cervix causes any pelvic disturbance, we may be confident that that disturbance cannot be cured until the cervix is restored to its normal state; and therefore, if I find it necessary to do anything, I find it necessary to eventually perform trachelorrhaphy.

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### GYNÆCOLOGICAL. NOTES.

BY MARY A. BRINKMAN, M.D.

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**A** NEW theory of menstruation.—On Jan. 12, 1887 in the Presidential address before the Brit. Gyn. Soc.

Mr. Lawson Tait refers to the papers by Mr. Bland Sutton of Liverpool and Dr. Arthur Johnstone of Ky. These observers worked upon different material, in different ways, and without any association arrived at identical conclusions. The conclusions reached by S. is that Macaque monkeys and baboons suffer a periodical loss of blood from the uterus, unlike the human female, in them there is no shedding of the epithelial lining of the mucous membrane of the uterus and utricular glands. The amount of blood which escapes is small in quantity.

J. advances the theory that menstruation is the result of a glandular function and he shows that the menstrual organ is the endometrium.

According to J's. observations, a section of the uterus in a girl eleven years of age shows a mere coating of the columnar epithelium without

corpuscular development. A section of the endometrium of a girl thirteen, who had menstruated twice, shows more elaborately developed columnar epithelium, and the beginning of a corpuscular layer. The menstruating uterus of a woman at twenty shows abundant corpuscular development, constituting a thick endometrium, with its endometrium, in process of casting, while a senile uterus at sixty shows merely the skeleton of the endometric structure, with almost complete exhaustion of its corpuscular elements and a total absence of epithelium. S. and J. both agree that in menstruation the epithelium of the tubes is not shed.

Mr. Tait argues from these facts that we have an explanation of the coincidence of impregnation and menstruation, the plain fact being that an impregnated ovum adheres only to a surface denuded of epithelium. When desquamative salpingitis has destroyed the tubal epithelium, the ovum may be impregnated in the tube, and may adhere to the exposed tissue and tubal pregnancy result. Tait claims that ovulation is going on constantly from childhood into old age, but it is necessary that the ovum when fertilized should pass over the endometrium where it is denuded of its epithelium, and in a condition of turgescence fit for the subsequent process. For one thus secured there are probably a hundred that perish either dropping into the peritoneal cavity or passing out through the uterus. The menstrual process is necessary, or such parts of it as involve the preparation of the endometrium are necessary for impregnation, but menstruation has nothing to do with ovulation further than being a means to the end of gestation. Tait further argues that the singular discrepancy between the uterus and ovaries in their pathological tendencies is due to two facts, the first discovered by Ritchie that from infancy to death the glandular function of the ovary is never quite at rest, so that ovarian tumors are met with at all ages, the second displayed for the first time by Johnston that the truly glandular function of the uterus begins with puberty and ends with the elimateric, therefore we have myoma practically limited, indeed in origin the limitation is absolute to the time between these two incidents of woman's life. J. claims in support of his theory that the endometrium above the internal os is not a mucous membrane but belongs to the so called adenoid tissue, and that menstruation is for it what the lymph stream is to the lymph gland, or the blood current to the spleen. The explanation for the occurrence of this phenomenon in women only, and in some of the higher apes in a partial way is thus explained. "In two of the ruminants I have shown that nature has supplied this tissue with an abundant lymph stream, which, in the unimpregnated state washes away the ripe material to the general circulation exactly as it does any



other lymph corpuscle, but in woman, where on account of its erect position the uterus has to depend on the tonicity of its own fibers for the preservation of its shape the loose tissue of lymphatic net-work can not be depended on. So to preserve the integrity of the uterine wall the emulgent stream is poured into the cavity of the body and got rid of by the vagina.—*Buffalo Med. and Surg. Journ.* Abstract from *Brit. Med. Journ.* Jan. 22, 1887.

In the annual address to the Obs. Society of London Jan. 12, 1887. Dr. J. B. Potter said that one of the highest points we should aim at is the prevention of disease, and he who can prevent the occurrence of diseases of women will be a greater benefactor to his race than the operator, however skilled he may be, who treats them. The tendency now seems to grow more and more surgical until to some minds abdominal section and the removal of internal organs seems the panacea for all the ills that woman is heir to. Statistics on these matters, however carefully tabulated, have to be received with caution, the distinction between cases that have recovered or become well, and those that can be truly said to have only just escaped death, or have lived too frequently with their suffering unrelieved, has not always been clearly shown.

In estimating these matters much depends on character. A reputation for truth and logical precision is of more permanent value here than the statement of brilliant results that will not bear the test of investigation. If I have spoken strongly on this matter it is owing to the fear that some may be apt to forget the sacredness of human life in their zeal for operating, and this must be my excuse.—*Am. Jour. Obs.*, April 1887.

*A Case of Unilateral Galactorrhœa.*—A lady, age 23, who had ceased nursing for six weeks had a flow of twenty ounces of milk in twenty-four hours from the left breast. She at first nursed with both breasts but the milk disappeared from the right one, and she continued with the left one for four months and then discontinued, as it was thought that her milk disagreed with her child. Menstruation had not reappeared, she was not pregnant, and there was no uterine disease. She was anæmic, but the milk was of good character. The usual remedies as used by the old school had failed. Arsenic, iron, strychnine, iodide of potassium, bell., brom. of potassium, quinine in large doses, compression of the nipple, opium, galvanism, Faradism, rest, and a dry diet. Menstruation appeared eleven months after the birth of the child, being preceded by a gradual diminution of the flow of milk, which continued over the second period and then ceased altogether, and the patient's condition became one of natural health. The galactorrhœa was unilateral, the milk was of normal quality and quantity; there was no stimulus of nursing or of

the genital organs; while resisting all treatment, it ceased spontaneously on the recurrence of menstruation. Authors were quoted as to the value of certain drugs in galactorrhœa and cases were given illustrative of treatment by galvanism and Faradism. Reference was made to the experiments of Roehrig to determine whether the nervous or vascular element has the greater influence over the secretion of milk, and resulting in favor of blood pressure as the chief factor. Sinéty was also quoted, and in conclusion the writer said that he had failed to find a record of a similar case. (J. B. Potter, M.D. Obst. Soc.: London, Feb. 1887. *Am. Jour. Obstet.*, April, 1887.)

*Cloacal Reversion in the Human Female.*—Dr. G. S. Sykes, Galveston (*Medical News*) reports the case of a female in whom the vagina was absent, but coitus was performed, impregnation resulted, and delivery affected through the anus. The woman had borne three children—all well developed—but all dead from protracted labor. The parts within the vulva were virgin; the clitoris normally developed and situated; the vestibule, the posterior commissure, were not distorted by child-birth. The urethra was in its proper place. The nymphæ and labia majora were virgin in symmetry of outline. Two fingers introduced into the rectum passed upward along the anterior rectal wall about two inches, where it was found the surface gradually sloped forward and separated and merged into the anterior vaginal wall, which at this point had normal anatomical relations. From half an inch to an inch below the os uteri could be felt the free edge of the membranous curtain which represented the upper third of the recto vaginal septum. There was nothing abnormal in the size, position, or the utero-vaginal relations. Speculum examination fully confirmed the digital exploration. The condition was congenital and was clearly a partial retention of the cloacal condition found in the fœtus and the lowest mammalia—the monotremata. Similar cases are reported by Ogston, Siebald, Barbant and Morgani. (*Med. Standard*, April, 1887).

*Venereal Diseases in Young Girls.*—Mr. F. W. Loundes, (*Lancet*, *Lon.*, Jan. 22), gives an account of twelve cases of venereal disease in girls of 5½ to 14½ years which were met with during eleven years while he was in charge of the Lock Hospital at Liverpool. In at least three of the cases, it was clearly proved that the accused persons were suffering from disease, and hoped to cure themselves by intercourse with their victims. The writer points out that the horrible superstition that coitus with a virgin will cure venereal disease is common in England, and accounts for many of the cases of rape on young children. "Disgusting as it may seem," Tidy says: "It is no less a fact that women doctresses not unfrequently prescribe this criminal attempt to

young men who consult them for urethral discharges. Many cases show this to be a fact. (*Med. Abstract, from New Eng. Med. Monthly*).

*Lawson Tait's opinion of Lady Physicians.*—Straws show which way the wind blows. We quote the following for the encouragement of our women in the profession: (*Chicago Med. Times, April, 1887*). In his recent address, as president of the British Gynæcological Society. Tait, the great ovariologist, said that for fourteen years women doctors had been upon his hospital staff, and during all that time there has not been the slightest attempt at friction of any kind. . . . I do not think it would be possible to keep these women silent, if it had been true, as was said of us, that we were performing unnecessary and improper operations upon their suffering sisters. It will be evident therefore, that I have always felt a sense of protection in the fact of my having a woman for a colleague, and that I felt this to the full, is evident in the fact that I have a woman practitioner of medicine as one of my regular staff of stipendiary assistants in private practice, without whose presence I very rarely perform any important operation.

*Secondary Inflammation of the Parotid Gland.*—(*Buffalo Med. and Sur. Jour. April, 1887*). As secondary inflammation of the parotid gland is thought generally to portend evil to the patient who has it, develop subsequent to injuries and operation wounds, the following may prove of solace. Mr. Steven Paget reports sixty cases in the *London Lancet*, in all of which the primary lesion was in the abdomen or pelvis. Most of the patients recovered. In many there were no signs of septicæmia or pyæmia. The author draws the following conclusions: 1. That the parotid gland is related to the peritoneum. 2. That it is also related to the generative organs. 3. That an abdominal or pelvic lesion may be followed by parotitis without pyæmia. 4. That such a parotitis, if it occurs later, and with healthy kidneys is usually followed by nursing. Among these, the parotitis followed: 1. The use of a catheter or sound in four instances. 2. Several cases followed labor, or induced abortion. 3. Several cases were from peritonitis, from injury or perforation. 4. Some followed operations, such as gastrotomy operations on the cervix uteri, and especially ovariectomy, following the latter, they are not unusual. 5. Following pelvic cellulitis and abscess. In one case reported, the woman had parotitis in six successive pregnancies, and one patient with amenorrhœa, had a parotitis at each menstrual period.

New York, 219 West 23d Street.

## EXTRACTS FROM AN ESSAY ON MYXOEDEMA

BY R. VIRCHOW.

(Translated by DR. S. LILIENTHAL.)

THE London Clinical Society ordered a bureau to study the question of Myxœdema and so far collected about one hundred and ten cases. Only a short while ago the thyroid gland was considered a blood gland, supposing that such a large gland must have an especial influence on the circulation. Some considered it as showing some similitude to lymphatic glands, especially to the spleen and to the thymus gland, but those alveolar hollow spaces, which in the young gland are nearly filled up with cells, fail to find any analogy in lymphatic glands. Virchow rather compares the tissue of the thyroid with the cortical layer of the suprarenal tissue and the great lobe of the hypophysis cerebri; hence he calls tumors arising in these regions struma suprarenalis; struma pituitaria. Ord of the St. Thomas Hospital originated the name of Myxœdema, as one of the characteristic symptoms of the disease consists in a gradual enlargement of certain superficial parts; especially of the face. The cheeks feel full and tense, the lids swell up, the lips protude more and more as also the alæ nasi. For grave cases the same is observed on the extremities, hands, forearms etc.; in some cases the whole physiognomy changes; which in its first development shows great similarity to anasarca. Such an apparent liorasaria from the face downward shows in some cases transition forms; which were named pachydermy and, Charcot therefore named such cases "cachexie pachydermigue."

Ord extirpated a small part of the afflicted skin and afterward several autopsies were made which gave the idea that the watery fluid does not consist in a moderate quantity of albuminatis, as it is usually the case in dropsies; but in a fluid containing mucine, so characteristic of catarrhal secreta, and which we find again in the so called mucous tissues in the vitreous bodies, in the umbilical cord. Myxœdema may be therefore characterized as a state of swelling, differing totally from anasarca by the mucine the swelling contains.

Horsley experimented on monkeys, and carefully extirpated under asepsis the thyroid gland and thus procured a mucinoid state, when the mucine is not only found in the most different tissues, but also in the blood. We thus would have a mucinoid dyscrasia, a kind of myxœmia. Horsley also found that the extirpation of the thyroid affects greatly the secretion of the salivary glands which contains more mucine than usual and that the parotis, which usually contain only a trifle of it, becomes now nearly saturated with it. He examined also the cutis,

sinews and muscles ; the tissue of the parotis and of the submaxillaris and found everywhere large quantities of mucine. He draws therefrom the conclusion that the thyroid gland in its normal state is a sort of regulator of the tissue change and specially controlled the transition of albuminates in their final products of decomposition, but with the extirpation of the thyroid this control is abolished, the regulating influences ceases, the albuminates remain in their murcoid state and thus a constant state of irritation follows.

The myxœdema is only one symptom in the phenomenology of the disease, though it attracts our attention immediately by the bloated face, the heavy eyelids and lips, the bloatedness from the neck up to ears and the peculiar dull expression of the features. A kind of cretinoid state follows, the patients fail in strength, their movements are without energy, they look pale and anæmic, in fact we meet a whole series of changes in the central nervous system and especially in the activity of the brain, manifesting the character of depression and more and more gaining the habitus of idiocy. When such a person sits down, standing up is very difficult, he cannot keep himself erect, his head is bent forward as when one is falling asleep. For hours such patients remain in an extreme state of habitude in their chairs ; having lost all interest in their surroundings they are in a full state of genuine apathy. When talked to or urged to speak, they respond slowly in an undertone as if their tongue had lost its power. The answers are sensible enough, but correspond to a weakly acting brain, though still working in a normal direction.

The question then arose, in what relation do the higher grades of myxœdema stand to other lasting disturbance of a neuritic nature, especially as Horsley's monkeys after the extirpation of the thyroid gland, fell into such a cretinic state, squatting down in a bent form, and with the same apathetic state as human beings do. Studying his cases closely Horsley differentiates now three different stages of the disease. The first stage is the neurotic one, manifesting itself by manifold nervous disturbances ; especially a peculiar tremor which is lasting, sometimes by spasmodic symptoms. The second stage he calls the mucinoid, the third the atrophic one. All his animals perished after a short time in a state of atrophy and cerebral exhaustion.

For a long time observations have accumulated in relation to struma and cretinismus and it was accepted as a fact that endemic cretinismus nowhere exists where there is not also endemic struma. Vice versa, there are also sporadic cases of cretinismus and sporadic cases of struma standing in no relation to the other ; still more the most exquisite strumous diseases are found in persons with perfect integrity of their mental functions or at least without any such disturbances which could be



compared with cretinismus and again there are numerous cretin without much of a struma. Still there is quite a common form of cretinism which shows a great similarity to myxœdema. In Italy the common people distinguish between cretins and marrons (chestnut) considering the former the leuco-phlegmatic, cretaceous ones whereas the marrons are more strongly pigmented rather brown lean and lank. This leuco-phlegmatic form of cretinismus shows much similitude to myxœdema.

Just as there may be a congenital cretinismus, so also a rachitis congenita has been observed, and many infants with congenital rachitis show not only disturbances in the growth of their bones on the extremities ; but also remarkable changes at the base of their skull, corresponding to the changes found among cretins, namely synostosis of the basilar bones, sometimes also a remarkable narrowness of the sella turcica and a decided atrophy of the hypophysis.

Curling described in 1850, several cases where the thyroid gland was wanting, and its place occupied by proliferating fatty tissue, which deserve more consideration than they received so far. Kocher described the cachexia strumipriva, those changes which follow the total extirpation of the goitres, and our surgeons are therefore now a days satisfied with a partial extirpation.

We might well ask what are the relations of morbus basedowii, that cachexia exophthalmica with its reflex effects on the heart, the brain, the eyes, etc. What differentiate it from myxœdema is already that in morbus basedowii the thyroid is in a hyperplastic state, whereas in myxœdema its atrophy is essential.

How much is yet to be done till light shines in all these questions ; let every physician do his share in the work still before us, that is what that great teacher Rudolph Virchow requests us to do and listen to his earnest appeal.—*Berlin Klin Werhenschrift.*

San Francisco, Cal., 100 Front Street.

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## CONGENITAL HÆMOPHILIA.

BY DR. M. H. VAN TINE.

THE case occurred in the service of Dr. Geo. B. Fowler and reported by Dr. Wendt in the *Medical Record*, Feb. 10, 1887. A male child was born at 4. A. M. Nov. 30, 1886. The mother, a primipara, was a remarkably well developed mulatto woman, twenty-five years of age. Both parents were apparently healthy : no history of syphilis was traced to either of them.

Pregnancy progressed undisturbed to full term. Labor was easy

and natural : the first stage lasted six hours and ten minutes ; the second stage was rather precipitate, and occupied only ten minutes.

The weight of the child at birth was nine pounds and eight ounces. The appearance of the child was normal with the exception of a purple hued swelling above and in front of the right ear.

At about 7 A. M. on the following day, there was a severe hemorrhage from the umbilicus which was controlled at the time, by the usual remedies. Two slight attacks of epistaxis, and vomiting of blood ensued. Oozing of blood from the navel was again noticed at 11 P. M. This was most marked at the time of separation from the integument, although the blood appeared to come from several points. The hemorrhage continued with slight intermissions, until the death of the infant, which occurred on the following day—at 4 P. M. Dec. 2, 1886. Before death the tumefaction above the ear had perceptibly increased in volume and several purpura spots appeared upon the trunk and extremities. The child's weight was reduced to eight lbs and nine ounces. Death was attributed to exhaustion. The clinical record concludes by remarking, that "there was no post-partum hemorrhage, and that the mother passed through an absolutely normal child-bed, and that the placenta was healthy, at least, so far as gross appearances were concerned. A microscopical examination was not made."

The autopsy performed twenty-two hours after death, revealed an apparently plump well nourished condition of body. The cadaveric rigidity was well marked. No petichiae or ecchেমoses appeared on the integument. A doughy tumour covered with skin of a purplish blue color, occupied the right post-aural region. The soft part of the umbilical cord was reduced to a hard shrunken mass, with adherent crusts of coagulated blood. A few superficial erosions were barely distinguishable at the time of junction with the integument.

After being carefully prepared, the umbilical vessels were traced into the liver, and through the hypogastric arteries into the iliacs. They contained no blood, were patent on section, and quite normal. A small quantity of fluid blood, normal in color was collected from the different abdominal compartments.

An accumulation of blood appeared between the layers of the omentum. Under the diaphragm there was a large patch of extravasated blood and similar hemorrhagic effusions, less in extent, were found at other parts of the abdominal cavity. There was no blood in the stomach, The mucosa was bloodless, and all the contained organs were pale but not shrunken. The spleen was larger than normal and rich in blood, the liver pale, otherwise normal. A large hemorrhagic effusion was discovered beneath the fascia of the pectoralis major, which extended into

the substance of both pectoral muscles only one small, sub-pericardial effusion of blood was seen ; The pericardial substance contained one tea-spoonful of blood-stained serous fluid. The muscular substance of the heart was pale and firm—a small quantity of pale fluid blood was contained in the cardiac chambers of the left side. A larger quantity of the same consistence was present in the cavities of the right side, no clots were found anywhere. The foramen ovale was closed, the ductus arteriosus remained open. The valves were unusually delicate in structure, although well formed. The calibre of the vascular trunks leading to and from the heart, was not abnormal in size.

Numerous hemorrhages had occurred into the pulmonary tissues, producing a mottled appearance. There seemed reason to believe, that the bleeding was the result either of countless capillary ruptures, or more probably extravasation by diapedesis. Another extensive effusion of blood was found on dissecting the scalp and the tumour above the ear, consisted of one mass of effused blood.

The fact that no blood had escaped beneath the pericranium, Dr. W. considers " a note worthy departure " from the general rule in ordinary *caput succedaneum*.

The fontanelles were large and quite soft. The substance of the brain was waxen in color and firmer than normal in consistence. The vessels of the pia were scantily supplied with blood, a clear serous accumulation occupied the sub-arachnoid space.

In interpreting this case, the doctor finds himself confronted by the uncertainty pertaining to the subject of hæmophilia or hemorrhagic diathesis, as it has been called. The best literary authorities on the subject record but few cases of hemorrhages occurring during the first few days of extra-uterine life, and these children were the offspring of bleeder families. The question therefore arises, in considering all the attendant circumstances as to whether the assumption of hæmophilia is entirely justifiable. In his opinion, there is but one disease that can possibly be thought of in this connection and that is syphilis. Death from uncontrollable hemorrhage after tying the umbilical cord is of rare occurrence.

Nothing definite, he says is known of the true nature of hæmophilia. Investigation has been brought to bear upon the question as to whether the abnormality was dependent upon deficient blood composition, or upon an imperfect structure of the vessels—or upon a combination of both conditions.

This case in the absence of certain well marked anatomical lessons cannot be classed among the group of syphilitic affections pertaining to new-born infants.

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## DENTAL ITEMS.

W. IRVING THAYER, D. D. S., M. D.

IN our May communication we presented our observations in extracting teeth. But we are opposed to that kind of surgery except in such cases where it is impossible to save the tooth. There is by far, too much of such mutilation practice in every community. Physicians of late years, do not have as many sins to answer for in this direction, as formally. They turn such cases over to the dentist. The latter may be nothing more or less than a "tooth carpenter," even unto a "falsifier of teeth."

That teeth become carious there is no doubt. If permitted to remain in this condition, they must sooner or later "come out."

It may not be uninteresting to consider some of the methods used to prevent their total destruction. However, if teeth never needed any repairing they would be much the better for all uses. But people will neglect their teeth in the face of *stern facts*, and invite some most *disastrous consequences*. "They have sown the wind, and they shall reap the whirlwind," and pay a tremendous price for their folly.

Sound normal teeth are better than the most beautifully filled ones. Hence, it must follow, that if a tooth is decayed, the sooner it is prevented from so continuing, the better. The more of the original tooth structure there is left, the better, provided there are no weak friable walls left standing to soon break down and crumble away.

There are three different hard tissues in the construction of a tooth. The enamel, the dentine and the cementum. The enamel has about 96 per cent of inorganic compounds. The dentine, 72. The cementum 65. The latter tissue is buried beneath the soft, or gum tissues, in the alveoli, hence is not as liable to decay as are the other two parts of the tooth. The enamel covers all that portion of the dentine that is above the gums.

There is a marked difference in the rapidity with which the enamel and dentine decay. The latter being softer, that is containing more of the *soft solias*, will disintegrate much faster than will the enamel. There may be but a small hole through the enamel, while the bone of the tooth will be *severely gutted*, even to the exposure of the pulp. This condition of affairs is anything but desirable. It is seldom, when a nerve becomes exposed that there is not more or less pulpitis. Before such a tooth can be filled it is necessary to get rid of all inflammation in the pulp. No nervous tissue in the body is more sensitive to outward impressions, than is the pulp of a tooth. The exposed nerve will need a topical application, or dressing to exclude the air and foreign substances and reduce

the inflammation. This may be of carbolic acid and oil of cloves, or creosote which coagulates serum or albumen and forms a scarf-skin over the exposed nerve. Such treatment for a few days together with aconite and mercurius sol, 3rd trit, will assist very materially in reducing pulpitis. It may be necessary to use Bell or Ver vir in alternation with the mercurius. The latter has marvelous power to control either pulpitis or periostitis. It is difficult to determine, sometimes, whether we have pulpitis or periostitis to deal with. With the former condition we may have all the characteristics that belong to the latter, such as soreness, throbbing and beating, but till one carefully examines at the junction of the cementum and dentine—a sensitive spot, if the tooth is alive—or discovers the tender pulp, can one know surely that it is a congested pulp, and not periostitis.

We may notice that one cannot suffer from periostitis, while a nerve is alive in a tooth. Hence it follows that it is unwise to deliberately kill a nerve in a tooth.

A tooth cannot be filled so as to stop its farther destruction if the nerve has been or is exposed. There are three things that can be done. First, extract the tooth. That is unwise in this enlightened day, especially if it be a bicuspid or molar. The incisors are of *less value* to a person than are the *back teeth*. The incisors support the jaws, and comminute the food. The front teeth are valuable, chiefly, to give contour to the anterior portions of the face, to tear off food, and to articulate words, but do not compare in *real value* to the back teeth.

An exposed nerve will not tolerate any foreign substance upon it. Hence some peculiar method must be adopted to prevent the filling pressing upon the nerve. This can be done by constructing a *bridge* or *cap*, whose periphery shall rest over and beyond the opening of the pulp chamber, to the intent, that a free space shall be maintained over and above the nervous tissue, to prevent pressure. Upon this bridge, and the balance of the cavity, can be filled with some appropriate material. Usually a non-conductor of heat and cold, should be used.

One of the most important points to be remembered in regard to the teeth is, that if the nerve is kept alive and healthy in a tooth, said tooth *cannot ulcerate*.

If one is called upon to save a tooth whose nerve has died from thermal causes, or for some other reason, a quite different procedure is necessary. Between a *dead* tooth and one that is *alive*, there is this difference, beside others. A dead tooth—a pulpless one—is *brittle* and of a darker color. Such a tooth compared with one having a live nerve in it, is like a fresh green limb or branch of wood compared with another similar piece of wood that has become *dried*. The latter will easily



snap and break on bending, the former will stand much strain and torsion. Therefore apart from their greater liability of ulceration—unless certain treatment is resorted to—a dead tooth cannot render to the owner as valuable service as one that is alive—not brittle.

Mention has been made of the difference in the density between the enamel and bone of a tooth. No one can properly examine their own teeth. It must be done for them by some one else.

The writer has never seen a cavity in a tooth when the periphery—the edge of the enamel—was smaller than the excavation beneath, in the dentine. Quite often extensive caries will be found—especially in children's teeth—beneath a very small opening through the enamel. This is an exceedingly important fact to be remembered by all who have any teeth, as serious lesions are present, when only a "small hole" is discernible. The nerves become exposed before one is aware of it; then the extra cost of bridge and other matters to properly fill the tooth must be incurred.

It is understood by every one that the object of filling a tooth is to stop its decay in a given spot. Not else where. Too many persons assume that because they have once had their teeth filled that they will never have to consult their dentist again. If the right approximate surface of the left central incisor has decayed and been filled, that fact can have nothing to do in preventing the left approximate plane from becoming involved with caries. Even the right surface may become decayed again, unless, both preparation and filling has been most carefully attended to, and due care exercised in preventing other healthy tissue from becoming broken.

The first great important point to be attended to in filling a tooth is, to most thoroughly remove all decay around the edges of the cavity. One little weak spot any where will act like a stream running under the foundation walls of a house. Undermine the walls, then "down comes the house."

In cases where the pulp would be exposed if all the decayed tissue is removed, it can safely be allowed to remain. This is understood to apply to the inside of the cavity, and not to the edges of the same. Absolute healthy tissue must be had at this point. Decayed dentine left over the pulp is a much more benign substance than any foreign element. But one cannot put pressure over, even this substance. The pulp will not permit any unlawful intrusion upon its domains. Under certain conditions juxtaposition might be tolerated. Nothing more.

If there is any doubt about whether there will be pressure over softened dentine that is immediately over the pulp, leave the debris there, and bridge over this. But much beyond the periphery, healthy sound tissue

must be found. There can be no further decay in coats left over the pulp chamber, if all the other operations are most thoroughly performed. All the elements for further destruction have been excluded, such as air, moisture in conjunction with normal heat.

All metals are conductors of heat and cold. Iron, gold, silver, tin, cadmium, copper, and mercury. Therefore, it is unwise to bring any of these substances in a mass near an exposed pulp, or even where there is but a very thin septum ; for the reason, that, thermal change will kill the nerve in the tooth about as readily as will arsenious acid. It follows then, that the filling must be of some substance that will not absorb any more heat or cold than the tooth structure itself. What shall it be ? Here the devil has come in with his spear tail done up in fine cloth, and his split hoofs encased in patent leather shoes and with immense wisdom shining with incandescent brightness, says " Under certain conditions, such as we find here, I would recommend Oxy-phosphate or Oxy-chloride of zinc, as the best materials to use in your case."

The exact facts are these. That oxy-phosphate, or oxy-chloride of zinc will dissolve out of a cavity in a tooth about as fast as will an alum salt, especially in the cervical portions of the excavation. Hundreds and thousands of teeth have been lost by these abominable substitutes, of nothingness. Still, there are those who will try to deny these facts, "yet he" that "abideth faithful : " . . . "cannot deny" the truth.

The most important wall in all the borders of a cavity, in a tooth, is the cervical one. Here is where failure comes in. In those cases where a phosphate or a chloride of zinc have been used, the saliva, bathing this portion of the tooth so thoroughly and constantly, soon, very soon, dissolves out these tramps, these aliens, in so short a time as to make them practically worthless. The lower portion of the filling may be quite hard and apparently "all right" but above there is being bored a small hole to let the "swamp angels" in, and they soon find the sensitive pulp, and devitalize him, with all the promptitude of educated devils ! This is not a matter that will permit of smiles or laughter, but tears ! Whether it shall please the reader to believe these facts or not, he has had them faithfully presented to him, and experience—if he desires it—will prove the exact truth !

But what is to be done to meet the necessities of the case ? Simply, this. Exclude the thermal agent, and fill the cavity with something that cannot be dissolved out by the secretion of the mouth, whether of an alkaline or an acid reaction.

This can be found in bleached Gutta-Percha, into which has been rubbed plaster of Paris, or some form of silicious matter. The cervical portions of the cavity are safe from intrusion !

But, if the grinding surface of the tooth has become involved to any great extent, it will be found that the gutta-percha filling is not quite hard enough to wear as well as one could wish. It will not dissolve out under any circumstances, but after a while will wear out, cup-shape. If the patient will consult his dentist three times a year, as is his bounden duty—that is if he is interested in saving his teeth in the best possible condition—then, without any extra excavation a little more of the filling can be added and his tooth made safe for some time longer. Or, a slight excavation can be made in the gutta-percha filling, and an amalgam filled into this, or a capping of Guillois's cement can be used, a very different compound from these effeminate zincs.

Is it wise to permit teeth to so far decay as to make the above difficult operations necessary?

If a tooth is worth saving at all, it is worth saving just as near its original condition as it is possible to have it. If there is one part of the human body that is more neglected or more outrageously—outrageously is just the adverb—treated than are the teeth—as a whole—then the writer does not know where to find such maltreatment. It has always been so, but is growing daily less. I am assured that no intelligent physician can take exception, to my suggestion, of the propriety of his professional advice, to his patients, to pay greater and more prompt attention to their teeth.

There are many other interesting points, about how and in what manner to have one's teeth filled, so as to make them useful, and valuable, but this obtuse paper is too long already. We should like to notice some facts about contour work, that is, restoring lost parts of dental tissue, so as to return the diseased tooth into a reasonable physiological condition again. It is possible that it may be done at some future time, but, there is pressing need of some considerations as to dental tissue building, to the intent that there will be less necessity of having teeth filled—"poorly stuffed" as is too often the case—and extracted.

It's the babies, the youths, then the grown men or women that are to be benefitted in this direction. And it is upon you medical men and women that this duty falls; though not a hundredth part of your arduous duties are properly compensated for, and too frequently unappreciated.

89 South Portland Avenue, Brooklyn. N. Y.

## REPORT OF PROGRESS IN EYE AND EAR DISEASES.

BY

F. F. CASSEDAY, M. D.

**DULCAMARA IN DISEASES OF THE EAR.**—(Dr. W. P. Fowler, Trans. N. Y. State Hom. Med. Soc. 1886.) Very useful in catarrhal conditions of the ear, the Eustachian tube and pharynx. Is especially called for in cold, damp weather or in diseases resulting from damp weather. It is useful in both sub-acute and chronic cases. It acts somewhat as a preventive of colds. In some cases of sub-acute catarrh where dulcamara is indicated there is slight transient pain in and around the ear, usually of a shooting or twinging character and aggravated by moving the jaw. Frequently the membrana tympani is somewhat congested, dull and depressed and the Eustachian tubes closed. The skin of the dulcamara patient is usually dry and inactive.

**NEW METHOD OF TREATING CHRONIC AURAL CATARRH.**—(Dr. R. W. Seiss, *Med. News*, Feb. 5, 1887.) It consists of Eustachian catheter closed at the point and having the sides of the curved portion perforated with numerous very minute openings. A small syringe is fitted with a metallic nozzle on the ground joint principle and slips into the end of the catheter. The instrument may be made of German silver but is preferably made of pure silver. The best average diameter is that of the ordinary Eustachian tube, three or four milometers, and the length from fourteen to sixteen centi-meters. When the beak of the instrument is fixed in the Eustachian tube suitable solutions can be injected through it, watching it and medicating the lower part of the canal without any of the fluid entering the middle ear or ascending high up in the tube, the fluid being thrown wholly in a lateral direction through the minute perforations. Care must be observed that the moment the fluid is thrown in the instrument must be withdrawn, or the patient will be choked by the fluid deluging his larynx as soon as the palate is relaxed.

**TREATMENT OF DEAFNESS.**—(Dr. Robert T. Cooper. Paper read before British Hom. Society). Condemns the use of Politzer bag inflation in all cases of deafness as being unscientific. The different varieties of aural disease should be carefully differentiated. The first variety which Dr. C. speaks of is obstructed ear, resulting most frequently from obstruction of the Eustachian tube and meatus. The former can be relieved by the Politzer bag; the latter by the syringe. Nervous deafness was next mentioned, and a case cited which occurred in a lady,

and was due in all probability to sudden shock. The deafness lasted, however, but a few hours. For mild forms of nervous deafness or where the symptoms have not lasted any length of time, or where the patient is in a fair state of health, gelsemium 3 is a most efficient remedy. In advanced cases where patients have suffered from prolonged mental distress, continuous or paroxysmal, and where the health is much broken down, magnesia carb. 200 is a valuable remedy. The symptoms that indicate it are fits of absolute powerlessness on hearing unpleasant news; sudden seizures of vertigo and tinnitus; local numbness or paralytic feeling increased by bad news; the patient cries easily; complains of pain and numbness on top of the head; the health is worse and the tendency to fits at the monthly illness is very marked. The patients are in general dark haired. When there is any evidence of febrile disturbance and the vascular tension, magnesia has no influence whatever. The deafness resulting from injury to the head is best met by high dilutions of arnica. In vascular deafness, associated with chronic eczema of the membrana tympani, nigerium is almost a specific. Where there is a knobbed and thickened appearance of the malleus handle with an irregular and pitted surface of the membrane, and especially if the meatus looks moist and dirty and if it is obstructed by dark looking wax, Manganum will be found useful.

THE ANOMALOUS APPEARANCE DURING THE ENUCLEATION OF THE EYE-BALL.—(Dr. Geo. C. Jeffery, *N. Y. Med. Times*, April, 1887.) Mr. D., aged 40 years, was suffering with an irritable right eye. The pupil was contracted with a few blood-vessels running over the sclera to and from the periphery of the iris. Diagnosis was iritis, although there was no pain or photophobia. After the use of a four grain solution of atropine the pupil was somewhat enlarged, but the capsule of the lens had become adherent along the whole nasal side. In addition to the two points in a line with the perpendicular diameter of the pupil, thus making the pupil appear as though it was composed of two circles instead of one. There was considerable lymph in the anterior chamber, which produced considerable cloudiness of vision. The prognosis became much more grave as the patient had lost the left eye many years previous. Upon examining the injured stump there was found a circular mass one-half the natural size of the eye with the whole anterior of the original orb drawn together in the cicatricial line. Owing to the danger from sympathetic iritis in the right eye the stump was enucleated. After division of the optic nerve, instead of the eye-ball pushing forward the speculum became closed by spasmodic contraction of the lids, which became enormously swollen and very blue from the large quantity of



blood in the tissues behind. The speculum was removed with great difficulty, when the space thus made vacant was at once filled by the rapidly engorged tissues, and the capsule of tenon and the other membrane which had encircled the old stump was pushed forward between the lids and every effort to push them back failed. In a few days the protruding mass began to slough; it was dressed with a solution of bi-chloride of mercury one to twenty-five thousand, absorbent cotton and the roller bandage, and the sloughing under this treatment was materially decreased. The explanation of this condition lies in the arteria centralis retina having, on being divided, retracted into the cellular tissue instead of being forced into the space in front made vacant by the enucleated eye-ball.

THE PRODUCTION OF CATARACT IN RABBITS BY NAPHTHALINE.—(M. Bouchard. Exchange.) It was produced by introducing naphthaline into the digestive canal, a daily dose equal to one one-thousandth of the animal's weight.

DEFECTIVE VISION FROM DECAYED TEETH.—(Dr. Widmark. Exchange.) The patient, a young girl, upon examination was found to be completely blind in the right eye, although no pathological changes whatever were observable in the eye. It was observed that her teeth were badly decayed and she was sent to a dental surgeon, who found that all the upper and lower molars on the right side were completely decayed and in many of them the roots were inflamed. He extracted the remains of the molars on the right side, and in four days time the sight of the right eye began to return, and on the eleventh day after the extraction of the teeth it had become quite normal.

NASAL REFLEXES IN THE PRODUCTION OF OCULAR SYMPTOMS.—(Dr. J. H. Buffum, *Medical Era*, March, 1887.) Among the neuroses which have been demonstrated by Chrobak, Hock, Fraenkel and others in their clinical observations are: nightmare, migraine, neuralgias, dental and supraorbital asthma, dyspnoea, cough, vertigo, epileptoids, otitis and hay fever. The production of these manifestations is due to a peculiar swollen and erectile condition of the mucous membranes covering the anterior portion of the inferior turbinated bones, due to a distension of the cavernous tissue space which underlie them. The neuroses are transmitted usually by the first and second branches of the trigeminus, but the olfactory also plays its part, as it is well known, for instance, that a headache or asthmatic attack may supervene on the smell of roses, violets or other flowers, or by entering the room in which they are displayed. This condition is not to be confounded with hyperplastic or inflammatory thickening arising from rhinitis and nasal catarrh.

The puffy erectile swelling will disappear under continual pressure of the probe, to reappear upon the removal of this pressure, and the mucous membrane may not participate in the disturbance but be of a normal color and not sensitive to touch, while the hyperplastic condition due to chronic rhinitis shows the sub-mucous structures to be unyielding when the pressure is made. In addition to the effusions arising from nasal diseases, conjunctiva, conjunctival, hyperæmia, ephiphoria or an annoying lachrymation, supraorbital and frontal headaches, photophobia, supra and infra orbital neuralgias, have long been known to result from extensions of catarrhal diseases of the Schniederian membrane or from pressure occurring in hyperplastic inflammation of the turbinated or other portions of the nasal fossae.

Miss G., aged 18, complained of much frontal headache, heaviness at the eye-lids, smarting and burning of the eyes on use at near range, with aggravation, uncomfortable feeling about the eyes in the morning on waking, suffusion of the eyes on exposure to a bright light or cold air. Examination shows the eye apparently normal in every respect as regards refraction and general appearance of fundus and conjunctiva. The nose, however, revealed an enlargement of the spongy tissue covering the inferior turbinated bones of both sides, more marked on the right side, where the deflected septum resulted in closure of the lumen at that point. The daily application of 7 per cent. solution of nitrate of silver, followed by that of boro-glyceride about ten days, together with the internal administration of iodide of arsenic, reduced the swelling of turbinated bones and cleared up the ocular symptoms.

C. D., aged 37, complained of an unpleasant feeling in the eyes in the morning which seemed to be caused by the light; the eyes feel dry and are difficult to open and very rarely is there any secretion upon the lids; the eyes feel weak all day and patient is unable to read at all in the evening for three years. Having used washes of all kinds, electricity and various internal remedies without permanent relief. The vision was normal; refraction emmetropic and only a slight hyperæmia of the palpebral conjunctiva; examination of the nose, however, showed almost complete stenosis of the left nostril from hypertrophy of the mucous membrane covering the inferior middle and turbinated bones. The right lower turbinated bone also exhibited considerable enlargement and there was chronic rhinitis. The parts were thoroughly cleansed and boro-glyceride was applied to the membrane by means of the cotton carrier, and the hypertrophied was frequently cauterized; kali-hyd. was given internally every two hours, and in three weeks the nose and eyes were much improved. Two months later all the eye symptom had disappeared.

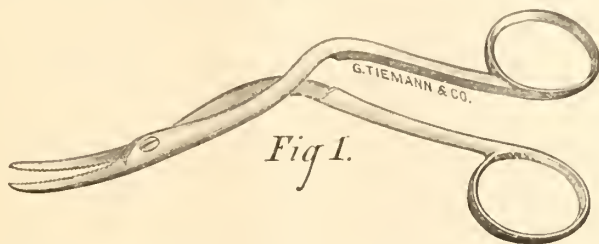
A patient 40 years of age presented himself for relief from attacks of blindness from which he had suffered for a month. He complained also of constant headache and bad catarrh; all was worse in damp or cold weather. Examination of vision showed right eye 20-200ths, left eye 20-30ths, with no error of a fraction. Ophthalmoscope shows media and optic disc clear in either eye. The attacks came on suddenly and last from one to several minutes, and he claims that the blindness is complete. Examination of the nose showed complete impaction of the nostrils of each side with numerous polipi, mucous and fibres. 22 polipi were removed from the nostril in three sittings, and the attacks of blindness at once ceased, the vision of the left eye became normal in one month, while the sight of the right eye remained unchanged.

**LAWS REGARDING COLOR BLINDNESS IN ALABAMA.**—(*Medical Record*, April 19, 1887.) The last Legislature in Alabama passed an act compelling all railroad employees engaged in any manner in the running of trains to be examined for color blindness and defective sight. The Governor appointed as board of examiners Dr. B. J. Baldwin of Montgomery, Dr. W. D. Webb of Birmingham, and Dr. W. H. Saunder of Mobile.

THE Missouri Institute of Homœopathy held its annual session at the Lindell Hotel in St. Louis on April 26th and 27th. The bureau of ophthalmology, otology and laryngology reported through its chairman, Dr. F. F. Casseday, on "Injuries of the Eye." Papers were presented by J. A. Campbell, M. D., on "Injuries of the Ciliary Region, Conjunctiva and Cornea"; H. W. Westover, M. D., read a paper on "Injuries of the Lid, Orbit and Sclerotic"; and F. F. Casseday, M. D., offered a paper on "Injuries of the Iris and Lens."

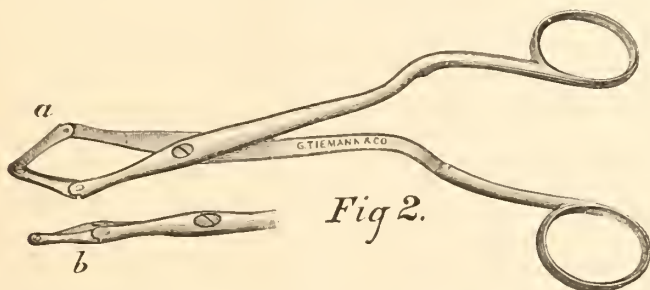
**A NEW EAR ELECTRODE.**—(Jas. A. Campbell, M. D., reprint from *Medical Advance*.) It consists of two curved movable arms passing through a small hard rubber block, and through the block run two binding screws which adjust the arms and hold them in any desired position. The upper ends of these insulated rods end in sockets with binding screws by which they are attached to the conducting cords from the battery. The lower ends of the electrodes terminate in small olive-shaped metal bulbs which may be made of various sizes and arranged to screw on the ends of the arms. The movable arms are insulated from the hard rubber block to the olive bulbs. This electrode has been found useful for the most part in chronic hypertrophy of the outer canal, irritation and sub-acute inflammation of the cartilaginous tissues near the surface, diseases of the ceruminous glands, chronic otitis media catarrhalis, nervous deafness and tinnitus aurium.

SOME NEW NASAL, PHARANGEAL AND LARANGEAL INSTRUMENTS.  
—(Dr. S. Sherwell, *New York Medical Record*, April 16, 1887.) The



*Fig 1.*

nasal scissors are intended for the removal of neoplastic growths or hypertrophic tissue from the anterior or middle or even the deeper por-



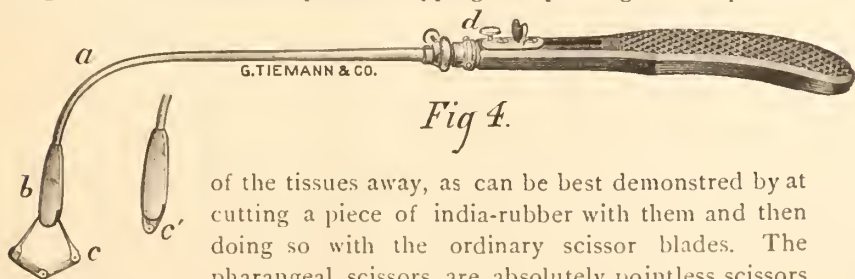
*Fig 2.*

tions of the nares, and consist of a pair of serrated blades similar to the alligator tooth scissors, slightly concavo-convex, and with handles bent



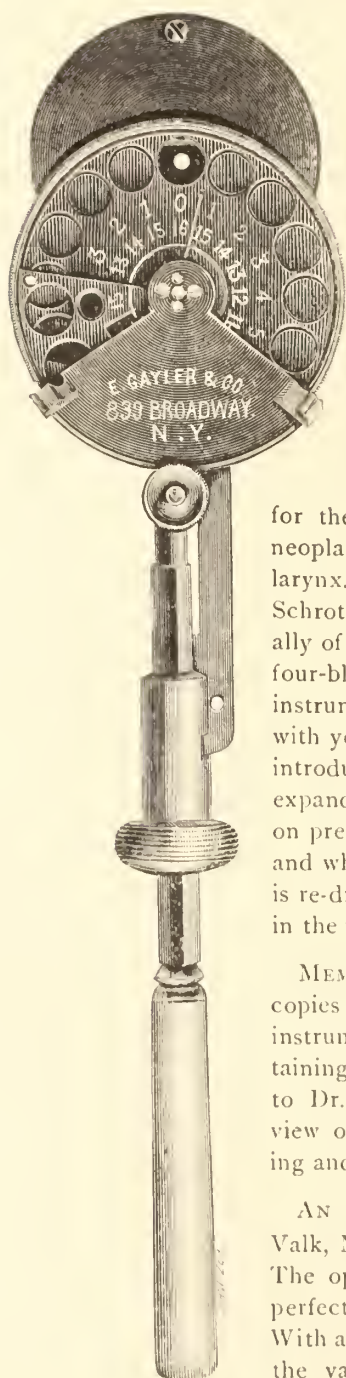
*Fig 3.*

downward in the long axis so as not to obstruct the vision when operating. The notched teeth prevent slipping and pushing of the portion



*Fig 4.*

of the tissues away, as can be best demonstrated by at cutting a piece of india-rubber with them and then doing so with the ordinary scissor blades. The pharyngeal scissors are absolutely pointless scissors hinged about one-third of the distance from the extreme end, and thus



composed of four blades, while forming but two extra by cutting at the hinge joint as well as when the handles are closed. This instrument is capable of being used by any one however inexpert, and with it there is very little danger of piercing the pharynx or injuring the vessels back of the tonsils. The scissors are intended to trim a pharynx, to cut out small teat-like projections of the ragged tonsil. The operator needs no forceps to use with this instrument, which leaves one hand free for any purpose for which it may be required.

The third instrument is the larangeal scissors. These scissors were devised for the purpose of crushing or cutting those neoplasms which occur in the recesses of the larynx. The instrument is adapted to one of Schrotter's tubes and handles and consists virtually of the same idea as that of the hinged-joint four-bladed scissors just given in the preceding instrument, although much lessened in size and with yet a differing lumen. The instrument is introduced closed into the larynx, allowed to expand by the automatic spring arrangement on pressing the wire attached to the finger piece, and when it is at or about the size of the growth is re-drawn up into the tube and into the slot in the tube by retracting finger pressure.

MEMBERS of the profession are invited to send copies of papers, medical journals, reprints and instruments or descriptions of instruments pertaining or relating to diseases of the eye and ear to Dr. F. F. Casseday, Kansas City, Mo., with a view of making this monthly report as interesting and complete as possible.

AN IMPROVED OPHTHALMOSCOPE.—(Francis Valk, M. D., *Medical Record*, April 23, 1887.) The ophthalmoscope has been brought almost to perfection in Dr. E. G. Loring's last design. With a view of devising a mechanism by which the various lenses could be rapidly brought



before the eye without removing the instrument, so that the accumulation would more readily tend to relax in the estimated hypermethopia, I devised an improvement on Dr. E. G. Loring's instrument, as shown in the cut.

It consists of a rectangular bar connecting the ophthalmoscope with the handle. Upon this bar is a slide. This slide passes freely up and down. The slide is connected with the disc containing the lenses by a series of cogs, and by pulling the slide downward the sense disc is rotated to the right and *vice versa*.

KANSAS CITY, MO.

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### BOOK NOTICES.

A PRACTICAL TREATISE ON OBSTETRICS. VOL. III. (4 vols.), The Pathology of Labor. By A. CHARPENTIER, M. D., Paris. Illustrated with lithographic plates and wood engravings. This is also Vol. III. of the "Cyclopedia of Obstetrics and Gynæcology" (12 vols.), issued monthly during 1887. Price of the set, \$16.50. New York: William Wood & Co.

The third volumes of this valuable work considers the pathology of labor. The first chapter being devoted to maternal dystocia, which includes all the causes which may render labor difficult, impossible, or dangerous for the mother and child, and which consequently require more or less active interference on the part of the obstetrician. This part of the work, and particularly that portion devoted to the treatment, is deserving of commendation. A wise conservatism, such as pervades this work, is too often lacking in modern obstetrics. "*Above all, wait;*" says the author, in one place, "do not be in a hurry to interfere, but gain time by soothing the patient." And again, "do not act hastily; rash interference is, in the great majority of cases, more dangerous than expectant treatment." The second chapter deals with dystocia due to the foetal annexes, anomalies of the cord and malformations of the foetus itself. The third chapter, considers the uses of ergot, its physiological and its pathological action; its indications during labor and during the puerperium. Regarding the use of ergot, the author is in accord with the modern French school, and opposed to the use of ergot. "Ergot should be absolutely rejected during labor, not only in the first stage, but in the second, and during the third, its use being confined to the period after the expulsion of the placenta." The work so far as issued, more than carries out the promise of the announcement.

A TEXT-BOOK OF PATHOLOGICAL ANATOMY AND PATHOGENESIS. By ERNEST ZIEGLER. Translated and edited for English students by DONALD MACALISTER, M. A., M. D. Three parts complete in one volume. Octavo, 1118 pages, 289 illustrations. Price, extra muslin, \$5.50; sheep, \$6.50. New York: William Wood & Co.

The greater part of the text of this work is based upon observations

made, or verified by Professor Ziegler himself, and as such has a particular value of its own. As is to be expected in a German work, the microbe theory has full justice done it, even to a greater extent perhaps, than we in this country would admit to be its due. Whether the microbes found in the various diseases are the cause of the disease, or a product of the disease is still we believe an open question. However, this may be, the work fairly represents the present condition of pathological service in Germany, and is a valuable addition to the literature of that subject. The present volume is the complete work, and represents the fourth German edition, and has been brought up to date. A valuable feature is the bibliographical notes appended to each section, which enables the student of pathology to consult the authors cited. The translator has made an English work, which of itself, is deserving of no unstinted praise, as too often a book translated from a foreign language requires a re-translation to render it readable.

**A SYSTEM OF SURGERY.** By WILLIAM TOD HELMUTH, M. D. Fifth edition, enlarged, re-arranged, revised, many parts re-written, and much new matter added. Illustrated with 718 cuts on wood. Royal 8 vo., pages 1111. Philadelphia : F. E. Boericke, 1887.

The continued ill health of the former editor of the *AMERICAN HOMŒOPATHIST*, into whose hands the new edition of this work came, has prevented the prompt appearance of a review notice. In re-writing and arranging this new edition, Prof. Helmuth has greatly extended and improved it, making it now one of the most complete and desirable hand-books on surgery extant. And it has this advantage over almost all others, that the author, being a practical and efficient teacher, has realized the importance of the lucid explanation of simple things, of the small detail of manipulation and surgical procedure. Many works intended for the use of junior students fail in this important particular. They take too much for granted in the way of previous knowledge on the part of the student-reader. This is a grave fault, which Prof. Helmuth has wisely avoided.

As Homœopaths, we can reasonably feel proud of this grand work. It is no longer necessary to put into the hands of our students, a treatise on surgery from the pen of an old school-man, for in this present volume we have all that a student needs to know, expressed as fully, clearly, and practically as possible, with the advantage of homœopathic collateral treatment.

The large amount of material crowded into the work, has made it necessary to use a lighter weight paper than is consonant with elegance of appearance, and many of the wood-cuts seem more like advertisements for instrument-makers, than is consistent with good taste, but these are minor defects, which, while they militate against the appearance of the work, do not detract from its value as a standard work on surgery.

**CROUP.** Its nature and Homœopathic Treatment, (with illustrations of Homœopathic Practice). By HURRO NAUTH ROY, L. M. S., author of "A Manual of Fever," "The Epidemic Fever in Bengal," &c. Publishers : Lahiri & Co., Homœopathic Chemists, 14 College-quail, Calcutta, 1886.

This is an unique little work, upon a disease which we supposed was

not common in India, but the author observes, croup is an European and American disease *per se*, but its visitations have of late become so common and so frequent in all parts of India, that a practical treatise from the pen of an Indian, would not be unacceptable to the profession and the general reader. It would prove an interesting study to the etiologist, the development, and domestication of what is essentially a disease of cold countries, in apparently so unsuitable a climate. An interesting portion of the work is that devoted to a consideration of the indigenous remedies which the author states are sometimes of great efficacy in the treatment of croup. Among these, are the *Blatta Orient*, (cockroach), *moocta-Jhoree*, (*Acalypha Indica*) ; *Toolser*, (*Ocimum Villosum* or *Sanctorum*) ; *Beetle-leaf*, (*Piper Charica*, or *Charica Betel*), and *Kala*, (*Cardanthera Triflora* or *Ruella Triflora*), all of which the author has tried, and which he recommends to the profession for trial at least.

PUBLICATIONS OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY, 1886. Volume IX. Published by the Committee on Publication. Boston : Rand, Avery Co., 1887.

In addition to the proceedings of the annual and semi-annual meetings of the Massachusetts Homœopathic Medical Society, this volume contains a number of valuable papers upon various subjects of interest. Among these we notice notes on hysteria, by E. P. Colby, M. D. ; *calcare a phos*, and *podophyllin* in enterocolitis, by F. L. Babcock, M. D. ; atmospheric humidity in relation to disease, by A. L. Kennedy, M. D. ; accidental poisoning by atropine sulphate, by B. F. Church, M. D. ; malarial fevers from swamp miasma and from sewer gas, by H. E. Spalding, M. D. ; antipyrin in fever, by J. Heber Smith, M. D. ; *phytolacca*, *conium* and *arsenicum iodide*, in diseased *mammæ*, by J. C. Culver, M. D. ; *œnanthe corcata* in epilepsy, by F. B. Percy, M. D. ; Dr. Schüssler's remedies, by D. B. Whetters, M. D. ; transplantation of a large flap of skin from the flank to the forearm, by H. Packard, M. D. ; dislocation of the elbow backward, with fracture of the coronoid process of the ulna, by J. W. Hayward, M. D. ; a few practical remarks upon cancer of the breast, J. B. Bell, M. D. ; primary union, by J. K. Warren, M. D. ; modern antiseptic methods of treating chronic ulcers, by J. Utley, M. D. ; prolapsus uteri, by L. A. Phillips, M. D. ; retinoscopy, and its value in the correction of ametropia of children, by J. H. Payne, M. D.

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### COLLEGE COMMENCEMENT.

The commencement exercises of the N. Y. Homœopathic Medical College were held in Chickering Hall, on the afternoon of Thursday, April 14th. The exercises were interesting throughout, being not too long to be tiresome and yet long enough to show the excellent work which the college is doing, and the high grade of scholarship which it aims to attain. Prof. T. F. Allen, the dean of the faculty, in his introductory address, briefly reviewed the work of the year, and then announced to the audience the pleasing fact that two citizens of New

York had already promised him \$25,000 each for a new college building and free hospital and that other donations would swell the fund to \$100,000, with many friends of homœopathy yet to hear from. The degree of M. D. was then conferred by Hon. Salem H. Wales, president of the board of trustees. The graduating class numbered forty-six, having entered upon the year with fifty-three. Prof. St. Clair Smith, president of the faculty, presented the senior prizes for the best averages throughout the entire course. The first faculty prize, a \$100 microscope was awarded to E. D. Fitch of Worcester, Mass., and the second prize, a \$50 microscope to James Brooks, jr. of Paterson, N. J. The honor men were B. W. Stillwell, J. J. Russell, W. W. Johnson, R. P. Fay, and S. I. Jacobus. The Wales prize, a Helmut pocket-case for the highest average in all the junior and middle studies, was awarded to F. W. Hamlin of the middle class. The class valedictory by Geo. B. Best concluded the exercises of the afternoon. The annual alumni dinner at Delmonico's occupied the evening. Dr. Selden H. Talcott, of Middletown was the toastmaster and proved as usual the right man in the right place. Toasts were happily responded to by Dr. Fisk of Brooklyn, Elihu Rort, Dr. Dowling, and Rev. Dr. McArthur. Dr. Helmut read one of his inimitable poems, and B. W. Stillwell spoke for the new graduates. A handsome subscription from the alumni and faculty for the building fund was a prominent feature of the occasion.

L. L. DANFORTH, M. D. Sec.

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#### ABSTRACTS.

*INOCULATION of a Wound with Tubercle.*—A boy who had had his arm amputated on account of an injury, was attended by a girl who had lupus of the nose. No hereditary or other source of infection was apparent. The granulating spot on the stump began to degenerate fungously. The axillary glands became infiltrated, and his general health much worse. The glands were extirpated, and showed macroscopically and microscopically exquisite tuberculosis. The boy recovered.—*Annals of Surgery*.

*PLASTIC Operation for Closure of a Large Laryngeal Fistula.\** By Robert Abbe, M. D., New York. Surgeon to Saint Luke's Hospital. —In December, 1885, a man æt. forty-five years, presented himself for treatment of an opening in the side of his larynx immediately above the vocal cords, into which the end of one's thumb could be thrust. In the month of April preceding, he had tripped while rising from his cobbler's bench with a shoemaker's knife in his hand, and had so stumbled that he fell upon the point of his knife, which was thrust well into the thyroid cartilage of the left side. It was an ugly gash and bled severely. He was carefully treated in the Bridgeport hospital at once, a tracheal tube was inserted and, he says, was worn a month. The hole in the cartilage was just above the vocal chord attachment, and laryngeal inflammation probably followed and impaired his breathing. After another month

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\*Reported to the New York Surgical Society, Dec. 22, 1886. Reprint from *Annals of Surgery*. Copyright by J. H. Chambers & Co., St. Louis, Mo.



an operation was performed to close the fistula by suturing, but was ineffectual.

He then came to New York and was subjected to five more attempts at closure by his physician at home. The methods varied: Sometimes silver wire sutures were used, after paring the edges; sometimes, silk. Twice were the hairlip pins and figure-of-eight suture used. But after each operation mucus and discharges burst the wound open and left him more desperate than before. The successive parings of skin and cartilages had resulted, with what ulceration occurred between times, in the sacrifice of a considerable portion of the left lateral half of the thyroid cartilage, the entire gap being nearly three-quarters of an inch, though the opening in the cartilage proper was five eighths of an inch in diameter. The edges of the fistula were cicatrized, and induration extended half an inch

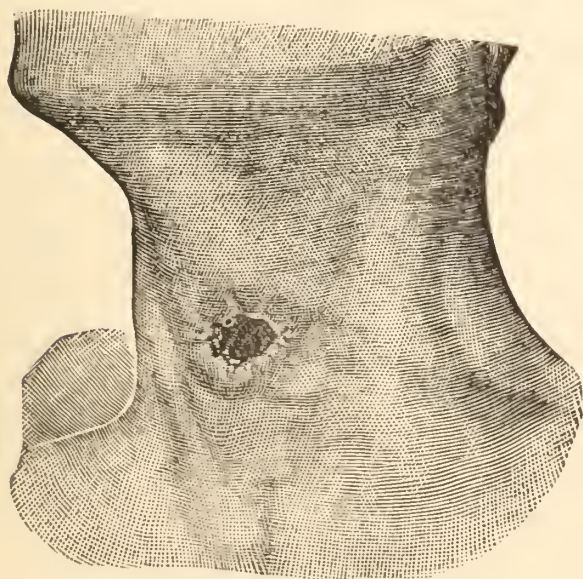


FIG. 1. EXTERNAL APPEARANCE OF LARYNGEAL FISTULA.

from the opening. Through this great gap one could get a most extraordinary view of the vocal chords in action. The anterior ends were attached just within the lower edge of the fistula on the median side, and when at rest the cords fell flat on either side and were lost in the mucous membrane. On attempted phonation they sprung into view and vibrated at an angle of thirty degrees with the horizon—afterward falling back to nearly the horizontal position.

The movement of the cords to assume this angle with the horizon when the patient is erect I do not find noticed in such authors as I have consulted.

Attempts to speak or make audible voice when the fistula was uncovered were futile. The voice being produced in the mouth and pharynx by the utilizing of sound of vibrating cords, it was vain for him to try to phonate when all the sound escaped from the side of the larynx. All he could do was to produce a fizzing or buzzing note like the sound one might make by blowing through a single reed of an organ. When, however, a flat pad covered the fistula, he could phonate perfectly, though with a slightly husky tone.

I decided that by the following not very complicated plastic opera-



tion I could close the fistula, if I did preliminary tracheotomy to prevent expulsive efforts at coughing from forcing mucus and air through the sutures.

November 13, 1885, assisted by Dr. Bangs, the patient was etherized and thracheotomy done at the two upper rings. When the patient breathed well through the tube the glottis was stopped through the fistula with a sponge attached to a string drawn out through the mouth. The edges of the fistula were thoroughly pared. A broad elliptical space was then included between two incisions, *a*, *b*, being somewhat wider than the fistula and extending obliquely downward on the patient's neck. A part of the included skin below the fistula was dissected up so as to make a flap on its upper edge, which, when turned over, more than covered the hole. The cuticle was then denuded from the part of this surface not wanted to cover the whole, and the rest of the elliptical space made raw for the reception of the overturned flap. The latter was then stitched over the fistula by two rows of fine continuous catgut; one row on the edge of the orifice tacking the surface of the flap at the circle of denudation, and the second on the outer edge of the flap fastening it to the outlying tissues.



FIG. 2. FLAP READY FOR SUTURING.

The skin on either side of the neck was then undermined and slid over the flap mentioned, so as to meet directly over its centre. A lateral slash,  $1\frac{3}{4}$  inches away, was necessary to relieve tension, and served to admit a drainage tube.

Antiseptic compresses were applied and the sponge removed from the larynx by the mouth. The patient made a very comfortable recovery with primary reunion throughout. The tracheal tube was removed on the fifth day, and he was allowed to talk at the end of a week. He left the hospital with a perfectly solid larynx—and excellent phonation, which has been maintained.

*EARLY Diagnosis of Vertebrae Caries.*—Inquire concerning tubercular inheritance, convalescence from infantile diseases, or spinal injury; as these enter into the question of causation. Next ask if the patient be troubled with restless nights, moaning, disturbed sleep, indisposition to play, desire for support, or epigastric pain. If it falls, it is apt to scream with pain, generally epigastric. The child walks carefully, or if very young it does not walk at all.

The back is held rigidly, the shoulders thrown back, or one higher than the other. The child does not stoop, or if it does, great care is taken. Sometimes only a pain in the back is felt, especially when a jar is sustained.

The gait is almost pathognomonic. The carefulness, and rigid carriage are never found except in disease of or about the spine. The expression is often pinched and anxious. In stooping to pick up any thing, it lowers the body with the spine held rigidly; or, the pain coming on, the attempt is given up.

Pressure to develop spinal tenderness is valueless.

The examination as to mobility may be made by having the child lie on its face, and grasping the heels, slowly extending the limbs with the opposite hand to the diseased side. This will show if the spinal column is rigid or not. Spinal rigidity makes the diagnosis certain.

In the cervical region, the symptoms are, torticollis, occipital neuralgia, or hyperæsthesia. Brushing the hair causes pain; motion is interfered with, but the deformity is slight.

A thorough physical examination should be made, the child being entirely naked.—*Amer. Pract. and News.*

*CHOLERA among Children.*—At a recent meeting of the Vienna College of Physicians, Eisenschitz gave the following observations upon Asiatic cholera among children (*Weiner Medizinische Presse*):

He agrees with the opinion of Goldbaum that cholera is a vaso-motor paralysis caused by the specific poison. Except in the case of nursing children, he does not believe that children have a less resistance than adults to infection.

The question of fœtal infection from cholera the observer could not answer; his only *post-mortem* examination in such cases was negative. Monti believes that a nursing child may become infected through mother's milk; it is more probable that both mother and child are directly infected from the same source.

Artificially nourished children are much more exposed to infection than those who nurse. This is undoubtedly dependent upon the contamination of the foods taken.

The mortality was fifty-five per cent. which is not greater than among adults; of seven nursing children all died.

Although prophylactic means were insufficient, no physician or nurse became ill.

Strucltural changes observed were essentially the same as in adults. The swelling of the solitary glands and of Peyer's patches was more widely extended than with adults. In the typhoid stage of cholera infarcts frequently occurred in the lungs. The granular alterations were especially pronounced in fulminant cases.

Regarding the prognosis, cases which manifested the usual prodromal symptoms, resulted more favorably than those whose advent was sudden. The predominance of vomiting over diarrhœa was considered a favorable symptom. Temporary improvement the observer did not consider a ground for encouragement, as asphyxia and collapse frequently recurred.

In general it can be said that the chances for the individual are in proportion to the average rate of mortality.

The duration of the illness was essentially the same with children as with adults.

The algid stage endured in favorable cases from six to thirty-six hours; in fatal cases from nine to fifteen hours.

In cases which recovered the typhoid stage endured six to ten days ; with those who died, from five to fifteen days. With children less than four years old the algid stage did not exceed twenty-four hours.

The condition known as typhoid fever was characterized by the usual symptoms of typhoid fever, with the addition of persistent vomiting, with dilatation of the stomach, and without singultus ; the matter vomited was often acid.

Eisenschitz treated cholera sicca twice. In these cases the stools are often greenish-yellow, instead of rice-water, in appearance ; white flecks appear with the stools, and in the intestines abundant rice-water matter is found. Dejections occur during the algid stage without straining ; tenesmus is often present during the typhoid stage. Convulsions the observer considered caused by a condition of hydrocephalus, and not peculiar to cholera.

*Post-mortem* rise of temperature was often seen.—*Med. News.*

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## ITEMS.

—The next meeting of the Medical Editors' Association will be held at Saratoga during the meeting of the Homœopathic Medical Society. The President, Dr. Bushrod W. James, will deliver an address. It is desirable that all medical editors who can, shall attend, as the organization is a permanent one. Mr. A. L. Chatterton, 78 Maiden Lane, New York, is the secretary,

—An article on Guatemala, by W. T. Bringham which will appear in the June number of *Scribner's Magazine*, will contain a number of illustrations made from photographs taken by the author in his long journeys in that country, which he calls "An Uncommercial Republic."

—The Twenty-third Annual Session of the Homœopathic Medical Society of the State of Wisconsin will be held in Waukesha, June 23 and 24, the officers are : Pres. O. W. Carlson, M. D., Milwaukee ; Vice President, R. K. Paine, M. D., Manitowoc ; Sec. Joseph Lewis, Jr., M. D., Milwaukee ; Treasurer, Helen M. Bingham M. D., Censors, Joseph Lewis, Jr., M. D., Q. O. Sutherland, M. D., Lewis Sherman, M. D.

—Judge C. Fuller, of Michigan, decided, when a physician refuses to testify on the ground that the evidence would be expert testimony, "After many years' study and observation, I decide that a physician's knowledge is his stock in trade, his capital, and we have no more right to take it without extra compensation than we have to take provisions from a grocery, without pay, to feed the jury. The court rules that the witness is not *compelled* to testify."

—DANGEROUS LEMONADE.—A style of lemon-squeezer has been sold quite extensively which is made of galvanized iron, or iron covered with a coating of zinc. A word of caution should be given against their use, as the citric acid of the lemon will readily dissolve the zinc, forming unwholesome and poisonous salts. Lemon-squeezers should be made either of plain iron or wood, or, where the surfaces brought into contact with the fruit are of glass or porcelain. Zinc is a metal which is readily attacked by the weakest acids, and no article of food or drink should ever be allowed to come in contact with it.

—In the treatment of many diseases there arrives a time when measures outside of the regular remedies may be resorted to. This time *is* when the successfully used remedies has conquered the disease, but during its efforts to secure the victory the patient has used up nearly all his vital power, and then to return to health and vigor, *tonic* preparations take their place. Stiger's Phosphated Coca Malta Tonic, it is found gives better satisfaction as a general tonic than any other preparation. The combination of malt with Erythroxylon Coca is in itself most excellent—the still further additions of Hypophosphites of Lime and Soda make this tonic unrivalled in the various nervous and mental diseases in which we so often need preparations of this kind. More complete particulars may be found on page eleven.

# THE AMERICAN HOMŒOPATHIST.

VOL. XIII.

NEW YORK, JULY 1, 1887.

No. 7.

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The report comes to us from Berlin that a physician of that city has discovered a new disease. This is certainly a case of misdirected energy and entirely wrong, and for one we desire to enter our protest. We have already more diseases than we know what to do with. What we really need is a new remedy for some of the old diseases. A new cure for phthisis or something of that kind.

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The poet's dictum concerning the dangerous tendencies of a little learning is emphatically true so far as it applies to a little learning in the science of medicine. There is also an apposite adage that suggests itself in this connection. "That fools rush in where angels fear to tread." Give a man or woman a smattering of medical knowledge and they are ready not only to prescribe on any and all occasions but above all to criticise and condemn those whose knowledge is as far behind their comprehension as the sunlight is beyond the glimmer of a rush light. We have been particularly impressed with this fact in connection with the subject of nurses. The attempt to train nurses to a proper understanding and performance of their work was a laudable endeavor to reform a very apparent evil. But the trained nurses of to-day in many cases have been taught too much or too little. They know too much, or think they do, for the position they occupy. For the nurse who is trained to do her work carefully and conscientiously, who can promptly and skillfully carry out the physician's instructions, and carefully watch and intelligently report the progress of a case of disease we have only unqualified praise; but the nurse who thinks she can instruct the physician as to his duties is a nuisance that needs to be suppressed. With a little experience with a nurse of this kind the physician soon becomes disgusted with trained nurses and it is not surprising that a reaction is setting in against the highly lauded trained nurse.

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In a recent issue of the *Chicago Health Journal* we find the following comparison between Homœopathy and Allopathy which intentionally,

or inadvertently, is calculated to convey a wrong impression. We quote : In the medical statistics of Brooklyn and Philadelphia for a term of four years, we find under the two systems the ratio of deaths for cholera infantum, croup and scarlet fever to be as follows :

DISEASES.	DEATHS UNDER	
	HOMŒOPATHY.	ALLOPATHY.
Cholera Infantum.....	64.	100.
Croup.....	37.	100.
Scarlet Fever .....	69.	100."

This as it stands is a most preposterous statement and carries its own refutation with it. As it stands it asserts that in these three diseases all cases under non-Homœopathic treatment died. A statement that all intelligent persons know to be untrue. There are extremely few diseases known which under any or no treatment are so uniformly fatal as these are represented to be under allopathic medication. So far as scarlet fever is concerned, Meigs and Pepper give as the result of their own experience in 274 cases, that 21 were fatal, or a little less than  $\frac{1}{10}$ , and that 243 recovered, and the heaviest death rate quoted for this disease is that of MM. Rilliet and Barthez, who lost a little more than one half their cases [46 out of 87 in a severe epidemic in the hospital for children in Paris under unfavorable surroundings.] They also give their experience in true croup as a fatality of 17 out of 35 cases, about fifty per cent. We have referred to this article particularly, because we object to such statements because they convey a wrong impression, and also because they injure the cause they seek to aid. The inference naturally drawn from such a misstatement is, that Homœopathy has no real claims to consideration and that all the arguments advanced in its behalf are equally erroneous. It is not to be forgotten that medical science has been and is progressive and that what might have been true of the old school in the time of Hahnemann is not necessarily so in ours. The difference in methods and medicines of the two schools of that day no longer exist. If Homœopathy is to succeed it must cease looking to, and glorifying the past and turn to the future, or it will fall hopelessly to the rear. It may be that the comparison given above is intended to show that for every 64 children dying of cholera infantum under Homœopathic treatment there are 100 who die under old school treatment. But that is not the impression conveyed, and our remarks are equally pertinent.

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The old school physicians of to-day claim the right to use and do use whatever they believe to be of value among the remedies of any school, and their literature is full of facts and suggestions culled



from Homœopathic sources. We may deplore their perverseness in not accepting more, but the fact remains that there are many able progressive practitioners in the old school ranks who are brilliantly successful, and successful because they are progressive, taking whatever is of value in the treatment of disease wherever they can find it. Their practice in its results will compare favorably with that of the Homœopathists. The distinction between the schools has been almost lost sight of among the laity and it is now as much a question of the physician himself as of his system of practice. And not a few observations have come under our notice where disease has been cured by an old school practitioner after a Homœopathist had failed. This is no fault of Homœopathy. But it is a warning of what the future may have in store for us if we are content to live in the past, and we must accept facts as they are, and give credit wherever it is due.

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A semi-medical story has been going the rounds of the American medical press, to the effect that a Parisian policeman had arrested a French woman who had responded to his request to "move on" with "You have the effect of a pill on me" [*Vous me faites l'effet d'une pilule.*] He desired to know if that comparison was, or was not, injurious. The judge before whom the prisoner was brought, decided that as there were a great variety of pills possessing qualities of various sorts, and as the accused had not specified the nature of the pill, that the assertion could not be held to be injurious. This not particularly brilliant story which has a decided French flavor, surprised us by turning up in a French contemporary a short time ago where it was attributed to an English policeman. Evidently it is a waif of uncertain parentage, and its career leads us to suspect that many of the brilliant stories of the marvelous effects of certain medications and apparatus that adorn from time to time the pages of our journals have no more certain foundation.

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Concerning the medico-legal aspect of the false testimony of children, the Philadelphia *Medical Times* adduces some very interesting cases showing the liability of deception in the testimony of children regarding the details of a crime which they pretend to have witnessed or of which they have been the victims. In one case which M. Motet lately related to the Academy of Medicine, a little boy of seven did not come home all night and the day after he was taken out of the river where he had thrown himself with the evident intention of drowning himself. His story was that a man, of whom he gave a correct description, had met and carried him off by force, and that finally he had

thrown him in the river. His description of the man was so exact that the police had no trouble in finding the person, who was employed in the neighborhood in a museum of anatomy ; but he quickly proved an alibi and was released. M. Motet was charged with the examination of the child, and in questioning the mother, he found that for some time back the child had slept badly, and had incontinence of urine : beside this he lived in conditions that must have worked on his young imagination, for his mother was a newspaper seller, and every day he heard all sorts of crimes and scenes of violence discussed. To add to this, the man he accused had lately come to live in the neighborhood with his wax-works of anatomical horrors, and the child had heard him crying out one day, "Walk in and see the head of Morin, who was killed by Mrs. H." [A celebrated murder case of last year.] It happens that the child's name is Morin, and here was the moral shock which led to the whole trouble. The child, haunted by fear, was troubled by dreams, and the idea of some danger menacing him was implanted in his mind. So that one day he is taken with a fright and runs off to end it by jumping into the river. There is also a case reported in Philadelphia of a little boy, who plays truant from school, and returning, his mother fancies from his clothing being disarranged that some wicked attempt has been made on him. She questions him from this point of view, and he, not knowing what to say assents to what she says, and on the father's return repeats it all as she says it to him. The father scandalized, immediately wants to know, "who did it?" and forced, as it were to answer, the child names a neighbor, who is at once arrested and has some difficulty in proving his innocence. There is also a somewhat similar case of a young man who was locked up in prison on some charge of petty theft, and made charges against his guardians that they had entered his cell at night and made obscene attempts on him. The doctors were puzzled a little until it was found that he had worms, and these combined with sensations of anal pruritus and his unhealthy imagination from reading novels and bad books, led to his making charges that could only be cleared up by a medical investigation.

The growing intelligence in children is always ready to seize upon the marvelous side of every thing, fictions of all sorts charm them and they have a most astonishing faculty in giving a body to fictions they hear or read. We have known two instances of children who could relate a long story, with circumstantial detail, of little adventures, which would easily deceive the unwary, but for which there was not the slightest foundation of fact. In legal medicine a careful study of these facts with clinical experience, will mostly be enough to clear up a difficult law case if followed with patience by a careful physician.

## THE ACTION OF SCOPARIOUS (BROOM) AND ITS ALKALOID SPARTEINE, ON THE HEART.

BY DR.

*Edwin M. Hale*

Read at the 21st annual session of the Indiana Institute of Homœopathy, Indianapolis, May 24th, 1887.

ONE year ago I prepared for the Wisconsin Homœopathic Medical Society a paper on the "Evolution of Heart Remedies," (which I have never seen published) in which I called attention to the manner in which this, as well as other cardiac medicaments, has been evolved from so-called "diuretics."

I now propose to take up this drug, as an illustration of the statements of that paper.

*Broom* is a very old English remedy for dropsy. It is a common plant or shrub, growing all over England, and was used for dropsy by the people, long before it was used by the regular profession. In Culpepper's *Herbal* it is recommended as a purgative and diuretic, and for scurvy, dropsy, sciatica, and jaundice. In large doses it causes considerable irritation of the kidneys and urinary passages. The ashes contain a large quantity of carbonate of potassa, to which its virtues were once supposed to be due. It has a volatile principle which is supposed to be similar in effects to *conia* and nicotine.

No provings have yet been made by the Homœopathic school, but its active principle sparteine has been made the subject of recent experiments by Allopaths. But this principle, which was supposed to be volatile, is now proved to be the one which acts specifically upon the heart. Another active principle, scoporin, isolated by Dr. Stenhaun, was supposed to be its *diuretic* principle, but Schroff, who tested it in several cases observed no diuretic effects, only colic and borborygmi. A decoction of the tops of the plant is the official preparation, but a tincture of the seeds is pronounced more active in dropsy.

Like many other cardiac remedies, it is probable that it acts on the kidneys and urinary passages, as well as upon the heart, as does digitalis and adonis. Homœopathy provings should be made of a perfect tincture of the whole plant, seeds and all, if we wish to get a picture of its general effects.

Dr. Cullen was the first to introduce it into regular practice, after hearing of its popular uses.

He employed it in dropsy ; directing half an ounce of the fresh tops to be boiled in a pint of water, down to one half that quantity, of this he prescribed two tablespoonfuls every hour until it operated by stool. It seldom failed, he says, to operate both by stool and urine, and by repeating the dose, every day, or second day, some dropsies were cured. Sydenham used the ashes of broom successfully for an anasarca, which followed an epidemic catarrh which prevailed in Sweden in 1757. Dr. Itard relates that about 1788, the French government published as a specific for dropsy, prescription consisting of the powdered seeds of broom, and that it had "almost miraculous effects." Dr. Piersor considered it superior to other diuretics, as it "improved the appetite and invigorated the whole system." He states that it was most successful in ascites and general dropsy. Parreira declared that it was more certain than any other diuretic. "Indeed, he says, I can not call to mind a single case in which it failed to act on the kidneys."

All this is pretty strong testimony, but at the time of the above writers the pathology of dropsy was a mass of chaotic opinions. The causation of the various forms of dropsy had not been investigated, especially the *volii* played by a diseased and weakened heart, was quite unknown. Only lately has broom been known to be useful in cases of cardiac dropsy. You will see that its history resembles that of nearly all cardiac remedies. Even apocynum cann., which until within a few years was supposed to be a purely renal remedy, is now believed to owe all its virtue in dropsy to an alkaloid apocyninin which acts as a cardiac tonic.

It is true that none of these active principles or "glucosides" act just alike. They cannot be used indiscriminately for cardiac dropsy. One case may yield to digitaline—another will not, but can be cured by adonidin. One will have its remedy in convalamarin, another in sparteine, and so on.

Sparteine or the sulphate, which is better, does not act like strophanthine.

The late experiments of Dr. Gluzinski, both physiological and clinical, with the sulphate of sparteine, shows that its main action is to slow the heart, and to raise the blood pressure. Now in all cardiac dropsies, the failure of the kidneys to carry off the fluids, is due to a lowering of the blood pressure, especially in the kidneys.

Sparteine acts with greater industry on cold-blooded animals, than on mammalia. Its action on the latter may be divided into three periods or stages, during the first and last of which, the effects are more marked than during the second. Indeed, in some cases the heart is even quickened during the second period. This may be explained by the

existence of some abnormality or pathological change in the irritability of the vagus or the heart muscle. The reflexes are at first increased, afterwards diminished. Death occurs from asphyxia, and is due not only to the effect on the medulla, but to that experienced by the respiratory muscles. The therapeutic effect of sparteine is limited to the first stage of its action. Its value consists in the rapidity with which it acts. In some cases within an hour after the first dose, the pulse begins to improve, as well as the subjective sensations of the patient, and no irregularity is produced. (In this respect it ranks after Glonoine, whose effects on a failing heart are observed in less than half an hour.) Sparteine has not so powerful an action as digitalis. It may however be useful in cases where the condition of the patient renders it inadvisable to wait for the more tardy effect of digitalis, and it may therefore be used as an adjunct to the latter drug, besides which it may be prescribed where circumstances exist which contraindicate the use of digitalis.

The above is the opinion of Dr. G.; further, experience may modify or change the estimate. But it certainly bids fair to be a valuable addition to our cardiac remedies.

Dr. Germain See uses sparteine largely in his clinic in Paris, for mitral insufficiency, and aortic regurgitation, with weak heart, and prefers it in most cases to digitalis. He thinks it equal to convallaria.

Hans Voigt working in Nortengale's clinic, has come to the following conclusions respecting the therapeutical action of sulphate of sparteine. In small doses the salt increases the efficiency of the cardiac contractions and raises the arterial pressure. The number of heart-beats is always increased. These effects are observed within an hour of the administration of the drugs and continue for twenty-four hours. The author recommends the suspension of the administration of the drug for some days, but it may be given for a week without risk. The remedy does not always regulate the rhythm of the heart beats. Its action on the respiration is variable. Diuresis appears to take place in proportion to the improvement of the cardiac action. A beneficial sedative action is often observed. Headache, vertigo, malaise, and other objectionable symptoms were but rarely met with as the result of administration of small doses. The dose employed has been from 1 to 4 milligrammes ( $\frac{1}{1000}$  to  $\frac{4}{1000}$  gr.) It will be remembered that in See's hands much larger doses, 5 to 20 centigrammes ( $\frac{3}{10}$  to 3 gr.) were tolerated without cumulative or other objectionable effects.

My own experience with sparteine has been limited to a few cases of mitral insufficiency when convallaria was not well borne, and adonis caused gastric irritation. When it does act, it is with promptness and certainty.



I usually prescribe the 2 x trituration of the sulphate, to begin with, giving 5 to 10 grains every three hours. If the desired effects do not appear in twelve hours, I give 2 grains of the 1x. So soon as the heart beats have acquired more force and become slower, the frequency of the dose is lessened.

It does not regulate the rhythm of the pulse as well as digitalis, but an arrhythmical pulse is often present where the heart is doing good work.

I have had no experience with the tincture of broom. In a few cases I have used the infusion, but the results were not satisfactory.

## THE CHOICE OF CLIMATE.

BY DR. ALFRED DRYSDALE.

WE have been accused, perhaps not altogether without cause, of placing too much reliance on drug medication to the neglect of diet and climate. Our system of therapeutics being so distinct an advance on any other, we may be excused for falling into the error of all enthusiasts and overlooking minor auxiliaries which have also their importance. The old school fell into the opposite error—the older and more enlightened of its practitioners are so convinced of its uselessness and even injuriousness that they devote almost their entire attention to dieting and hygiene to the neglect of drug treatment. It is hoped that we shall be able to attain the happy medium.

It is probably admitted that no drug is able to prevent a person catching cold or suffering from exposure to chills. Many persons are in such a condition that it may be predicted of them that the next severe chill will be fatal; a certain proportion of old people are infallibly carried off every winter merely from the effects of inclement weather. These lives may be saved by removal during winter to climates which during winter resemble the summer climates to which these old people have been accustomed. Such climates are to be found on the shores of the Mediterranean in France and Italy, at Madeira, the Canary Islands, Sicily and Egypt. Old people even with no complaint will obtain a diminished rate of gradual decay of the functions and consequent prolongation of life by annual migration during the winter months from an inclement climate to the above-named favored regions.

If the husbanding of the vitality in age alone without any specific malady is a valid reason for winter migration where possible, much more so is it advisable when old people, as is usually the case, suffer from some catarrhal complaint which is aggravated by damp and cold such as tracheitis, influenza, bronchitis, Bright's disease, catarrh of the bladder

and catarrhal diarrhœa. These elderly and weakly persons if kept at home would be shut up in the house vainly trying to warm themselves at blazing fires ; they would have few resources beyond reading which is often impossible from failing sight. In the south of France and in Madeira they would be able to sit out of doors or stroll about a garden enjoying the scenery and sunshine for a number of hours daily, and this if certain precautions are taken, without fear of chill. Thus the appetite would improve, an increased amount of food would be taken and assimilated and an increase of vigor of the performance of all the functions would result. In those chronic cases of bronchitis and various catarrhs where periodic exacerbations take place from inevitable chill, these drawbacks will be diminished and hence not only will the usual gradual aggravation of all the symptoms be prevented but a slow but steady improvement will set in—not of course resulting in complete cure but ending in the production of the best condition of which such persons are susceptible.

Gout and rheumatism—not necessarily in elderly people but most frequently so—are much benefited by the avoidance of inclement weather ; whatever may be the cause of these curious complaints it is certain that exposure to damp and cold greatly enhances the sufferings of their victims and that their avoidance is greatly beneficial.

Irregularities of circulation whether caused by nerve debility or by special forms of heart disease, will benefit greatly by removal from the constant recurrence of liabilities to chill.

Bright's disease where of catarrhal origin, anæmia and mere languor without any definite disease will all benefit by removal from an inclement winter.

In all the cases hitherto mentioned winter migration is spoken of as desirable but there is another class of cases in which it is not only desirable but essential and where the medical man who neglects to enjoin it where possible incurs a very grave responsibility. It is hoped that no one will be misled by germ theories to neglect the teachings of practical experience. Whatever may be the cause of that baleful malady consumption, we know that the avoidance of inclement winters is often able to retard or even to arrest its progress. Let us rather be guided by what we know to be facts than misled by germiciæ will-o-the-wisps. This warning is very necessary just now when many practitioners are keeping their consumptive patients at home in the hopes of curing their malady by destroying the bacilli which are supposed to cause it, with carbolic acid, aniline, borax and what not. It is certain that any thing able to destroy all the bacilli in a consumptive patient would also destroy the patient.

Apart from all theories as to the causation of consumption, it is certain that cold and chills have a very important influence on its incidence and progress and that if they can be avoided or minimized the patient will be placed in as favorable a position as possible.

It must be, however, acknowledged that great differences prevail among different classes of consumptives and that a different climatic treatment should be adopted in each. To treat them all alike would be to devolve upon some of them a quite unnecessary loss of time and career. There is a class of cases termed phthisical nowadays which in pre-Lænnec days would not probably have been termed so at all and which in many important respects differ from true consumption. The persons I refer to are usually males and their complaint consisting of one indurated apex with bronchial breathing but no râles, a slight amount of expectoration in the morning, no night sweats, no fever and above all no marked wasting, is distinctly traceable to catching cold. There is no family history of consumption and there is in them none of the appearances such as silky hair, dazzling skins to which Sir Thomas Watson has—perhaps erroneously—led us to expect in the true consumptive. Such patients usually completely recover in the course of a few months if removed from the immediate danger of catching cold. To send such people for a sea voyage lasting a year or to send them abroad year after year is quite unnecessary and would only ruin what might be a very useful career. The best way of securing recovery of such patients without paying too heavy a price for it—in loss of time—is to send them for the three worst months—January, February, March—to the nearest mild climate. This for English people would be the Riviera (Cannes, Nice and Mentone) or the Engadine (Davost Platz); for Americans, of course, Florida, Colorado or California. A single short winter is usually enough to make strong men of them.

There is of course great difficulty in distinguishing such cases from those which are much more serious and only observation of the case during some time is able to enable the practitioner to do this. The absence of fever is a very important point and also the absence of the ante-meridian fall below the normal of temperature usually observable in true phthisical cases.

Another class of cases is much more difficult to deal with and yet not by any means so hopeless as the worst class. In these also the malady has been distinctly acquired and there is no family history but some fever is present, there is a considerable amount of sweat and fetid expectoration and the physical signs either reveal small cavities or induration with clicking râles. Morning sweats to a limited extent are present on warm nights or with many blankets. Such patients will tell

you often that they have been in much the same condition for five or six years. They will remain in *statu quo* for many years or will gradually improve but they must be sent abroad annually ; a single winter at home would probably kill them. All idea of a career must in these cases be sacrificed to mere existence.

The best place for such persons is Cannes or Nice. In both these places a considerable amount of society and occupation are procurable, and in neither will the patient be constantly confronted with dying invalids in bath chairs as he would be in Mentone. In the worst of all consumptives, viz. : the true tubercular, little is to be hoped for beside *euthanasia*. These cases are easily distinguished, they are usually very young adults of either sex and may possess the long eyelashes, silky hair, dazzling transparency of skin, tall elegant figures, finely-chiseled features, etc., attributed to them by Sir Thomas Watson—also they may not possess these ; they may be ugly and thickset with extremely dirty skins and wooly hair. The onset is always tolerably sudden, there is marked afternoon fever and morning fall below the normal ; hectic flushes and copious sweats and diarrhœa. The physical signs are various and depend upon the time during which the malady has been established ; at first I have seen many cases in which no signs whatever were discernible while all the symptoms above described were in full operation ; later on large and active cavities are indicated by amphoric breathing, hollow, liquid and gurgling râles, &c.

These cases should at once be sent to the most sheltered climate which is either Mentone or Monte Carlo or Ospedaletti near San Remo. They will probably die in any case but every now and then such a case does recover, and it is impossible to distinguish between those few who recover and those which perish beforehand. Do not let the patients or their friends be deluded by the Home Comforts cry which is just now being so loudly raised, perhaps not by wholly disinterested persons. Depend upon it no home comforts will outweigh the inexpressible boon to an advanced and perhaps hopeless invalid of being able to sit or drive in brilliant sunshine surrounded by the sight and sounds of open air life ; to such a patient kept at home would be shut up in a sick room, only relieved by the prospect of a dull gray atmosphere and drizzling mist and rain.

With regard to the comparative merits of the various winter stations, Madeira, the Canary Isles and Sicily are warm and moist, therefore suitable for some cases of asthma and for emphysematous bronchitis. They are of course, islands, and can only be reached by sea ; in selecting these, therefore, due regard must be paid to the sailing powers of the invalid. From America a voyage of ten days is inevitable, but many

persons may not feel inclined for a further voyage and in that case the Riviera must be chosen, though it must be borne in mind that here the air is exceedingly dry, and therefore not so suitable for the kinds of cases just mentioned.

In selecting among the Riviera stations the following facts must be borne in mind : Hyères is the coldest of them and also it lies removed from the sea ; it is not to be confounded with the island of the same name. Distance from the sea is of advantage in certain neuralgic and bilious constitutions ; on the other hand the constant interchange of currents of air is invigorating and salutary in many cases, and the sea-side places Cannes, Nice and Mentone are therefore best in the majority of cases of consumption.

Cannes presents a great deal of variety both of scenery and society, and is therefore suitable for all but the most advanced cases of consumption.

Nice is a large town with over 100,000 inhabitants like Paris on a small scale. There are handsome shops and a theater and other sources of amusements such as clubs, assembly-rooms, &c. Its climate is distinctly colder than Cannes, it is, therefore, for those invalids who are susceptible of a considerable amount of bracing.

Monte Carlo is one of the most settled places ; it, Mentone and Ospedalletti are about equally suitable for the very worst cases—those likely to succumb.

Before concluding let me say a word about sea voyages. The medical consultant is in the habit of recommending them very promiscuously, and often without possessing any very precise knowledge concerning them. At first sight a sea voyage may seem very desirable for consumptives ; the temperature at sea is uniform and by choosing the right time of year and a suitable destination, the winter may be entirely avoided. Thus the patient may start from New York early in October ; take a sailing ship from Liverpool in November and arrive in Australia about February, which corresponds with our August. At first sight, on theoretical grounds only, nothing could seem more suitable and desirable. Unfortunately the practical objections are sufficient to far more than outweigh any theoretical advantages in cases of consumption. Life on board ship to an invalid is one of intolerable discomfort and hardship ; suitable food so essential to proper treatment is not procurable ; monotony and boredom are inevitable ; to crown all the patient though in a condition in which alarming symptoms might come on any day is absolutely inaccessible to his relatives.

The true class suitable for sea voyages are not consumptives but those suffering from brain-fag and over mental strain. These patients



will be *à l'abris de* telegrams and epistolary communications, and this alone will do much to assure their restoration to health. The voyage in my opinion should not be too long—three weeks to a month is sufficient, and the vessel chosen should preferably be a large one with plenty of life going on, otherwise the seclusion is apt to be too complete, and the ship will approach too nearly to Dr. Johnson's definition of "a prison with the chance of being drowned."

CANNES, FRANCE.

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### TYPHOID FEVER IN A CHILD AGED NINE MONTHS.

BY DR. W. J. MARTIN.

THE following case is deemed worthy of record on account of the rarity with which this disease is met in such young subjects. Cases perhaps younger have been reported, for on page 243 of Vol. 1. of Pepper's System of Medicine, we read, "Manzini has recorded a case in which lesions of Peyer's patches similar to those of typhoid fever were found in a seven month foetus which died within half an hour after its birth. Cases are also on record in which death has occurred from this disease in the first few weeks of life. I have myself observed several cases in young children at the Children's Hospital in Philadelphia."

The treatment is given as illustrative of the prompt manner in which our remedies relieve troublesome and dangerous symptoms and restore health in a mild and rapid way.

Mrs. C. consulted me about child—nine months old, bottle-fed and without teeth. She said it was fretful and irritable and very constipated. Prescribed *nux vom.*, and recommended feeding it on oatmeal, and if the bowels did not move, to use enema. In just one week from this date I was called to see the child. I found it feverish, particularly the head, the heat being most marked at the occiput; it was drowsy, awaking from its doze with a start or cry; the head was not continuously hot, sometimes becoming quite cool; aggravation in the afternoon and night: it was vomiting its milk and the bowels were very loose. Prescribed bell.<sup>3</sup> in water, a teaspoonful every two hours, and diagnosed the case as one of gastro-enteric derangement with marked cerebral irritation, such as we so frequently meet with in children during dentition, especially in hot weather, and which, by the way, sometimes prove rapidly fatal.

The next day which was the eighth of the child's sickness, I found

there was less heat in the head and less starting from sleep. The diarrhœa and vomiting continued, the vomit consisting largely of curds of milk as did also the stools. The prescription of bell. was continued and the child's diet restricted to albumin water, prepared by stirring the white of a fresh egg into a goblet half full of water. The child vomited no more after this. Albumin water I have used frequently in treating sick babies where they vomited milk and all other foods, and can not praise it too highly.

On the ninth day of the child's illness my attention was called to the swollen condition of the abdomen, which upon examination I found tympanitic and dotted over with some half dozen roseola spots, which I examined carefully and found to be identical with the rose spots of typhoid fever, I took the temperature in the axilla and was surprised to find it  $103\frac{2}{6}^{\circ}$ , this was about 6 P. M. I told the parents that if the patient was not so young (9 mos.) I should consider it a case of typhoid fever, as it possessed all the features of that disease, there was the diarrhœa following on a costive condition of the bowels, no appetite but thirsty all the time, continued fever, tympanites and the roseola on the abdomen. Prescribed, tereb.<sup>12</sup> in water, a dose every two hours. I visited the case morning and evening for two days after this in order either to confirm or correct my diagnosis of typhoid fever, with the result of confirming it. The temperature in the mornings was  $102^{\circ}$  in the evenings  $103\frac{2}{6}^{\circ}$ . After that it fell and was soon normal in the morning. The rose spots increased in number, some appearing on the back, on the chest and upon the thighs. The tympanites gradually disappeared, as did also the diarrhœa, and at the end of three weeks from the day of my first prescription the little patient was well. The terebinth, prescribed when the tympanites was the most marked and urgent symptom, was continued for a number of days, the case steadily improving. Then œdema of the face almost closing the eyes, and profuse micturition became marked symptoms for which was prescribed apium virus,<sup>4</sup> in water, and the swelling disappeared. A few doses of calc. carb. were now given and then all medicine was discontinued.

As nourishment, whilst fever continued nothing was given but the albumin water and mutton broth. Then when the appetite returned, which was manifested by vigorous crying, as babies do when hungry, it was given Nestle's food, which suited very well for a while, and then as she did not seem to be satisfied after feeding, the milk of one cow was procured and the baby now gets along very well, and is larger and stronger than before her illness.

## PSYCHOMETRY.

By JONATHAN HUNT, M. D.

SO far we have considered this mysterious form of electricity in a room : Now we will study it as an emanation at large and modified by other forms known and unknown. It is generally admitted there is a specific shape to each thought ; the convolutions of the brain, the nerves, fibers, etc, all subject to the laws of muscular development, show this fact as already granted. Notice the ring that leaves the pipe of a locomotive. What is it more than a part of the fluid air in motion containing black dust ?

Analogous to this is the wandering thought coming in contact with an impressive brain ; it is called *mind reading*. Allow me to observe parenthetically that the mind reader is aiding science at the expense of his health.

The great current of human electricity moves over the world according to laws not yet fully understood. It is the cause of mental epidemics ; also moral reforms. Waves of thought raise and lower the general position of thinkers all as one. Religious frenzy, ultraism, malice and sometimes war is the consequence.

It is lucky that physicians are constitutionally materialistic ; their copious dealings with materials make them so. Their influence is always conservative and they could not increase their usefulness except by concerted action. In case of approaching mental epidemic, some central body like a state Board of Health might address the popular profession with profit. The current of human electricity is modified by various causes : the magnetic current from east to west on a course at right angles with the magnetic pole, (hence popular ideas generally travel from east to west), currents of the same kind moving in a different direction and incidental electrical disturbances.

This seems mysterious and yet not more so than the fact that a dog follows his master's track many hours after he has passed along.

And now let me give the reader an amusing but important fact ; he can make a diagram according to the directions given below and an engraved diagram will be unnecessary.

Draw a rough map of two countries, say Germany and France. Find the center of population of each country. Draw a line from one point to the other and continue or extend this line through both countries. Place an ideal man on the central point in Germany and one similarly in France. Let these men face each other. Now observe : Any locality at the right hand of the man in France is at the left hand of

the man in Austria and *vice versa*. Imagine these countries are in a state of war. All battle grounds at the right hand of the man standing in France is lucky ground for France and all battle grounds at the right hand of the man in Germany is lucky ground for Germany. Notice the Battle of Jena and the first battle between the troops of both countries in the late Franco German War.

Now what is more strange, the rule holds good in all wars. Italy has ever been unlucky battle ground for Austria fighting with France—and ever will be. The late war of the Rebellion, in its commencement, shows the same results. The Federal troops were unfortunate in the east but the reverse in the west. The rule holds good in nine cases out of ten when we look at the history of all wars. The exceptions are few. The law has the appearance of an unseen force which moves and disappears after two three years. It was thus with the Confederates and the Federals and the same may be said of other noted wars.

I do not claim that this force is irresistible (a big fish can swallow a little one), but it is a very important factor in deciding a contest.

I shall not now give the immediate cause of the results spoken of but will allow the student to study the facts and perhaps he may be the one to discover a better reason than mine.

WHITEHOUSE, O.

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## THE RELATION BETWEEN OPHTHALMIC AND RENAL DISEASES.

By DR. FURST.

Translated By DR. LILIENTHAL.

IT is well known that disturbance of vision in consequence of renal affection appears in two forms: chronic as retinitis albuminurica with the ophthalmoscopic picture of a star *ad maculam*, more early as neuriti optica with chocked disk of the papilla, acute as sudden total blindness or the amaurosa anæmica. In retinitis albuminurica we only meet a progressive disturbance of vision which too often only leads to a diagnosis of the renal trouble, as just in such cases dropsy is often absent, though we might meet headaches, nausea, dyspnoea, etc. Retinitis is found among the different forms of nephretis chronica, most frequently in the shrunk kidney, whereas in chronic parenchymatous nephretis with copious albuminuria and moderate dropsy, even when lasting many a year and finally becoming fatal, disturbances of vision and retinal affections are rare and still more rarely in secondary amyloid kidney. Though the prognosis in retinitis albuminurica is bad enough

still retinitis and renal affections may disappear, though such cases are exceptional.

The second question is, can one become blind from renal troubles with retinitis and being otherwise restored, can the renal affection disappear, I only observed such cases in the nephritis gravidarum, returning in every pregnancy, who, though totally blind, enjoy otherwise fair health till they finally perish during a pregnancy, we may suppose that the renal affection also continues during the interval between the pregnancies especially as an *abortus artificialis* during the first half of the pregnancy often acts to prevent the renal affection. It ought to be noticed that many women complaining in the latter part of their pregnancy of nephritis, suffer at first from stranguary and other disturbances of urinary secretion, when at the same time the urine is chemically normal.

Uræmic amaurosis complicates the most acute cases of renal diseases where large masses which ought to be excreted, accumulate in the blood and thus cause the uræmic explosion.

In scarlatinal nephritis uræmic amaurosis allows quod vitam not a bad prognosis and in relation to sight even a good prognosis. A patient who survives a scarlatinal anæmia will keep his normal eyes and after a few days, the transitory blindness passes off. It ought to be more known that such transitory blindness lasting several days, is also observed in recent renal and cardiac affections without retinitis, especially the secretion of urine sinks for several days to a minimum. The accompanying uræmic symptoms may be relatively mild: headache, some obtuseness of the sensorium, nausea, coma and convulsions are never present in such cases. The blindness is the chief symptom, the ophthalmoscopic examination gives only negative results and the reaction of the pupils is normal. After lasting from two to five days the amaurosis disappears; vision is and remains normal and with increasing urination even the cause of the trouble may disappear.

It is important in relation to prognosis to keep in mind such cases where a patient suddenly becomes blind and his breath reveals the uræmic odor.—*Berlin Med. Wochenschrift*, 18-1887.

100 Front St., San Francisco, Cal.

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## PROGRESS IN EYE AND EAR DISEASES.

By F. F. CASSEDAY, M. D., Kansas City, Mo.

*Peroxide of Hydrogen in Suppurating Ears.*—(DR. WM. A. DAYTON, *Archives of Otolaryngology*.) A spray of a four per cent. solution of the Peroxide has had an almost magical effect in a case of ozæna, complicated



with proliferous catarrh of the middle ear. A strong solution induces local anæsthesia, often in a marked degree; besides I have noticed that cocaine acted more promptly after the mucous membrane had been cleansed with the peroxide. If cleanliness is the desideratum in middle ear suppuration, then we have a servant *par excellence* in the peroxide of hydrogen.

*The use of the Ophthalmoscope in General Medicine.* (DR. J. W. COOLIDGE, *Michigan Journal of Homæopathy*, March, 1887.)—Of the numerous aids to diagnose disease which this progressive age in medicine has given us, none have been so little utilized as the ophthalmoscope. In conducting an examination a moderately darkened room, a bright steadily burning lamp are necessary. Many grave and serious troubles of brain, kidney and blood, constitutional as well as local diseases, are much better understood and the limits of the disease more accurately ascertained by the use of this instrument. Mrs. A.—Complained of failing vision for the past six months. She suffered from headache at the base of the brain and through the brain to the eyes; has had several convulsions. An examination revealed engorged papilla (optic neuritis). My diagnosis was cerebral tumor. She afterwards became entirely blind and died a year later. The pain in the head was sticking, jerking and throbbing in character and run from the occiput to the forehead, These are characteristic of bryonia, which drug afforded her greatest relief.

*Removing Foreign Bodies from the Ear.* (Jonathan Hutchinson, F. R. S. *British Medical Journal*.)—I wish to draw attention to the use of a silver wire loop instead of either forceps or scoop for the removal of foreign bodies from the ear. With a flexible silver wire loop or if need be with two placed at right angles I have repeatedly succeeded when all other means failed. The loop is devoid of all danger and is easier and more efficient than any other method. The method of procedure is, after having put the patient under an anæsthetic to introduce the loop gently into the ear and turn it about until it is believed you have it behind the foreign body. This you cannot always do at once, for sometimes a little patience is required. In one instance a piece of heavy lead was removed by means of two loops at right angles with each other. The method is simple, safe and efficient.

*A Case of Ophthalmia-Neonatorum.* (Dr. Geo. Royal, *Medical Current*, May, '87).—Was called to see a child two days old suffering from ophthalmia. Both eyes were affected, and so badly that it was impossible to open the lid of either eye so as to obtain a view of the eye-ball. The mother said that the left eye must have discharged at least a teaspoonful of pus that morning. The child was very restless and cried

most of the time. The treatment was as follows: Six pieces of soft linen were cut about an inch square and these were kept on the eyes after being moistened. A piece was placed on each lid and ordered changed every five minutes, for the first twelve hours; after that time once in ten minutes. The mother was instructed to open the lids and wash them thoroughly with warm water every hour with a small brush. After bathing the following solution was applied: Nitrate of silver second dilution two grains to a tablespoonful of water. The cold application gave relief so that the child fell asleep in about two hours. It was thirty-six hours however before the left eye-ball could be seen and forty-eight hours more before the child was dismissed. Both eyes were saved. Internally sulphur fourth was given every three hours.

*Two Cases of Chronic Glaucoma With Violent Acute Attacks.* (DR. B. W. JAMES, *Hahnemannian Monthly*, April, 1887.) Within the past six months have met with two rather peculiar cases of glaucoma. The first case was a maiden lady of fifty years. Glaucoma of the right eye. The first attack having occurred six years previously, following the instillation of atropine, the right eye being hyperopic and the left astigmatic. Glaucomatous symptoms were controlled by the use of solution of eserine, half a grain to forty drops of rose-water and did not occur until five years (later) when they were again overcome by the use of eserine. A year later another attack came in which eserine only afforded temporary relief. She has received gelsemium and under its influence the glaucomatous symptoms have been relieved and the general health improved. Patient has never suffered from acute pain in the eye, and the attacks have been sudden. The dimness of vision became profound in fifteen minutes after being first noticed and being relieved in a few hours by the use of eserine. I am not alone in the diagnosis of this case. The second case was in a maiden lady of fifty years. Her vision was O. D. 3-cc : O. S. 2 1-2 cc; field of vision considerably decreased. Tension + 3. Internal remedies and eserine gave no relief and six days later cyclotomy performed upon both eyes gave immediate relief which lasted about six weeks. A month later the symptoms returned again. Operation was performed as before with but slight relief and a week later iridectomy was performed on the right eye and cyclotomy on the left. The tension has remained normal since that time (two months ago) and the vision in the left eye is somewhat improved. A solution of eserine is instilled into the eye every second or third day. The patient's general health is improved. The principal remedy employed has been aconite.

*A Case of Encysted Foreign Body in the Iris.* (DR. A. B. NORTON, *Trans. of the N. Y. State Hom. Soc.*) Frank D., aged 15 years, was

sent to the N. Y. Homœopathic Hospital on September 7, 1886, with the history of having been struck in the eye by a peach stone some two weeks previous. The eye was very red from both conjunctival and scleral injection. The iris was swollen, discolored and adhered to the lens capsule. The pupil was contracted. There was a small amount of pus in the anterior chamber and at the pupillary edge of the iris ; standing outwards from the pupil was a small yellowish white spot a little larger than the head of a pin which looked like a drop of pus resting on the iris. He had no pain in the eye from the first and the cornea showed no evidence of having been wounded. The diagnosis at that time was traumatic iritis. A cotton pad was applied to the eye and atrophine was used in the eye, and internally he was given hepar sulph. For the first ten days he made no material improvement ; the hypopion cleared up but the redness and the spot upon the iris increased a little in size. Then the yellowish mass began to decrease and in a few days had almost entirely disappeared, while the redness of the eye was scarcely noticeable. On the second of October the cyst was about the size of a split pea reaching from the pupillary border almost to the periphery of the iris, and is so prominent that it lies in contact with the cornea. Up to the 24th of October various remedies and applications had been used without any benefit and there was no change in the appearance of the mass since October 2d. The cornea has become a little hazy and blood-vessels are seen standing from the outer border of the cornea and the point of contact of the cyst with the cornea. Under the influence of cocaine I made an incision through the cornea at its outer side about two inches from its periphery and with the iris forceps grasped the tumor (it was fluid) its walls breaking and the contents became diffused over the anterior chamber. Found no foreign body at this time. October 30th. Eye healed quickly after the operation of October 24th but the tumor soon refilled and assumed the same appearance and shape as before. To-day I again made an incision through the cornea with the iridectomy knife passing the knife blade directly through the center of the mass. On withdrawing the knife the cystic fluid poured out. I then inserted a hard rubber spoon and removed from the mass a foreign body about the size of a pin head which proved to be a small piece of peach stone having a fine point at the end of the stone. After the removal of the foreign body the eye began to improve rapidly and the patient was soon discharged cured. Foreign bodies in the iris are apt to cause cystic tumors by doubling up the fold over the iris upon itself with the retention of aqueous humor secured by the iris and the gradual distention of this fold. They have a tendency to increase in size ; injury to eye and vision threaten the other eye from

sympathetic irritation. Foreign bodies have become encysted in the iris without causing irritation but this is so extremely rare that we are not justified in allowing them to remain.

*Aconite in Diseases of the Ear, Nose and Throat.* (DR. EDWARD FORNIAS, *Hahnemannian Monthly*, April, 1887.) Otitis—external ear hot, swollen, red, burning, sensitive ; roaring in ears, music invariably unbearable, tearing in left eye—Lilienthal. Otitis. I have seen many severe cases in which aconite 1 x has proved rapidly curative in two to five drop doses every hour or two until the pain is removed—W. Bayes. Otitis of a rheumatic origin and in persons of scrofulous taint. Inflammation of the internal and external ear. The patient complains of a distress as if the ear would be torn out of the head ; a violent throbbing pain ; excessive soreness, sensitiveness to noise, the ear passage looks swollen, red, shiny and distorted. The attack attended with fever either ending with a chill or chilly creepings along the back or extremities.—Hempel and Arndt.

*Otalgia*—Acute otitis generally always commences with earache, and this earache is almost invariably worse at night. Among its causes taking cold in any way is the most fruitful ; very often it arises from suppressed perspiration and the draft from doors or railway carriages also causes it. However earache comes on, if we find the pain extremely severe the pulse and temperature high and the respiration hurried, the patient very restless and anxious we cannot do better than administer aconite. I know from personal experience that it will often take away the pain as if by magic.—R. T. Cooper.

*Tinnitus Aurium its Treatment by a New Method of Alternate Injection and Evacuation of Air.*—British Medical Journal, March 26, 1887. (JNO. MACCORWINS.) Three aggravated cases that had resisted all other methods of treatment are reported cured by this method. The instrument used is a small double bulb syringe. One bulb being for the purpose of injecting and the other for evacuating air. The advantage claimed for this method over Pollitzer's bag is that it prevents the tension that frequently follows the use of the latter instrument while at the same time it opens the tube as well.

*Chronic Nasal Catarrh.*—Prof. Agnew says he has cured cases of chronic catarrh accompanied by profuse discharges by douches of sage tea. Other remedies have been tried in vain.

*New Ear Instrument and Apparatus. The Ear Speculum.*—(Dr. Lawrence Turnbull, *Medical Register*, May 7th, 1887). Have made a practical change in the ear speculum.

By reducing the length to a little less than one inch it gives no pain

and can be passed back by a slow rotary motion deep into the canal so as to have a margin still supported by the thumb while the fore and little fingers hold the auricle between them, and thus the tube can be moved in all directions so that the membrane and meatus can be examined. Across the top it is a full inch. This has been increased by Pritchard to 1 1-2 inches. He states that the finger holding it will be more out of the way and also the light thrown in a wider angle. A much shorter speculum is used for the ears of little children ; fully one-half inch of almost uniform diameter at the lower end, narrowed to one-eighth inch.

Pollitzer has his specula made of hard rubber but we prefer German silver covered with nickle, which gives a fine reflecting smooth surface and is free from the glittering surface of a newly-polished silver speculum. For the application of any corrosive liquid like nitrate of silver a glass or flexible rubber speculum is the best. The new Acoumeter described by Beerwall (*Archives of Otology*, vol. 16, page 6), consists of a series of blades F. C. to C' and a movable hammer to strike them with. Pollitzer's Acoumeter which he employed consists of a wheel cylinder carefully tuned and a percussion hammer, the whole so arranged as to produce a sound of constant intensity and pitch. Molish published a description of a stationary apparatus (*Archives of Otology*, vol. 16), constructed by Saleless, for the purpose of unfolding the Eustachian tubes. The apparatus being worked by the foot one hand of the operator is free. Compressed silk bougies have been found most useful in opening and dilating the narrowed Eustachian tube, but at times it will require a firm one that will not bend so readily. Whalebone answers this purpose. In order to soften the whalebone and render it pliable Radzig recommends that it be immersed in a diluted solution of carbolic acid for two or three days before being used.

*Injuries to the Eye ; Penetrating Wounds and Foreign Bodies.*—(DR. ROBERT SATTLER, Nashville *Medical News*, May 15th, 1887.) Clinical lecture.

For convenience of study, injuries of the eye may be divided into injuries of the protective structures, injuries of the globe and its appendages, which includes muscles, vessels and nerves ; injuries of the orbital margin, walls and periorbita.

Injuries of the protective apparatus may be contusions, wounds lacerated, incised, punctured and burns and scalds. Injuries of the appendages of the globe are various in character and manifestations. We find sometimes paresis of the extrinsic muscles from concussion or contusion ; blindness partial or complete following a severe blow upon the suparorbital region. Periorbitis is sometimes the result of trauma



and a most painful and destructive process. Sometimes forces that produce fracture of the orbital walls is felt upon the neighboring structures, and we are met with the foregoing symptoms of a fracture of the base of the skull and laceration of the brain. There may be also fracture in the lesser wing of the sphenoid bone at some point of its circumference. As a result of this lesion we may have ecchymosis of the sub-cutaneous and sub-conjunctival regions. In some cases protrusion of the globe into the apex of the orbit, and in many cases associated with these are most grave symptoms. We may have one of the fragments of the fractured bones lacerating the walls of the internal carotid and the cavernous sinus, and producing a typical group of phenomena known as pelsatin proptosis. While studying the orbital walls, it is well to note that the superior wall and upper floor of the anterior fossæ on the base of the skull is perhaps one of the thinnest pieces of bone in the skeleton. Cases are also on record where pressure against the eyeball with the fingers forcibly continued for some time resulted in blindness. Blows have also been known to cause a similar result without any discoverable alterations of continuity of any of the more important structures.

A case is on record in which a fatal result was produced by the entrance of a sewing needle through the roof of the orbit into the substance of the anterior lobe of the brain. There is a class of cases which are frequently met with and in which the results are oftentimes so dangerous to the integrity of the vision that they are entitled to a very thorough discussion. They are those cases in which we have a penetrating wound of the sclera. In these cases in which we undoubtedly have or may suspect the presence of a foreign body in the vitreous or other internal structures; particularly in those cases in which the trauma and its resulting inflammation involve the ciliary regions the danger was not to the eye. In those cases which in fact are the vast majority of instances, the eye is a hopeless ruin.

*The Occurrence of Micro-Organisms in Phlyctenular Conjunctivitis.*—(DR. H. GIFFORD, *Archives of Ophthalmology*, No. 15, page 180.) The experiments on which this paper are founded were made at Zurich, in October, 1885. Unfortunately they are not complete. Cultures were made from nineteen cases of phlyctenular ophthalmia, and in every case pyogenic cocci were present. Cultures were then made from a number of normal eyes and they were found in very considerable proportion of them but in much smaller numbers. The test of the pyogenic nature of a coccus was inoculated into a rabbit's cornea, it set up severe keratitis with marked iritis and exudation into the anterior chambers.

## WHOOPIING-COUGH, BRONCHIAL CATARRH AND PNEUMONIA.

BY DR. M. H. VAN TINE.

Dr. E. M. Hale of Chicago writes to the Editor of *The Medical Current* of that city Oct 15th, 1886, expressing his belief, that "true whooping-cough" is a neurosis caused by an "irritation of the laryngeal nerves from a micrococci or spores of some microscopic fungi." This opinion has been confirmed by the results of the treatment which he has adopted for the last year or two. True whooping-cough, he avers, will not yield to any other than the anti-zymotic treatment: differing in that respect from a pseudo whooping-cough which is caused by reflex irritation from the uterus, ovaries or other organs; and which may be arrested by remedies homœopathic to the local irritation, or to the peculiar symptoms of the cough itself.

He makes use of three remedies in true whooping-cough, giving them internally, and applying them topically by means of a spray.

*Carbolic acid*.—In uncomplicated cases, I give the 2x on tablets or in water, every two hours until the patient is better, and advise the use of a 2-per-cent spray, for a few minutes after each paroxysm of coughing. The cough usually improves in a few days.

*Naphthaline*.—This I prefer when the cough is attended by catarrhal or asthmatic symptoms. A 2-per-cent. of this can be used in a steam atomizer with the best results. And if possible, keep the atomizer going in the room all night. Internally give discs, saturated with the mother tincture (equivalent to gr.  $\frac{1}{60}$  or  $\frac{1}{100}$ ).

*Terebene*.—This new preparation of turpentine with sulphuric acid, introduced by Dr. Merrill for "winter cough," has a most happy effect in those whooping-coughs which have become obstinate from neglect, or cold, damp weather. I give the 1x or 2x internally, and a 5-per-cent. solution by means of the atomizer. I hope my colleagues will try these and report.

Dr. Pick (*Deutsch Med. Zeitung*) reports a series of five cases of whooping-cough which were successfully treated with continuous inhalation of carbolic acid applied by means of a mask worn from eight to twenty-four hours daily. No directions were given in reference to the preparation of the mask or in the strength of the acid used.

M. Deschere, M. D. (*Hom. Jour. Obstetrics, Gynecology, and Paedology*.) recommended the use of naphthaline in cases void of indicating symptoms.

He uses No. 50 pellets moistened with a saturated solution of the crystals in alcohol—one pellet to be given after each severe attack of coughing.

Indigo, in whooping-cough with profuse nose bleed during the paroxysms. Indigo is more especially indicated when the hemorrhage is from the right nostril.

Natrum mur. where there is excessive lacrymation during the cough, also euphrasia or the same symptom where the child only coughs during the day time.

The treatment of Bronchial Catarrh in children. Dr. James Carmichael (*Edinburgh Med. Jour.*) considers the administration of drugs in the treatment of this class of diseases of children as of secondary importance to the details of hygienic and dietetic management. We should, he says, endeavor to ward off the pulmonary collapse with emphysema and catarrhal pneumonia, likely to arise as a secondary result of bronchial catarrh. To this end, reinflation of the collapsed portion is to be brought about. This may generally be accomplished in the milder forms of the disease, but there is more doubt, whether complete or partial reinflation ever takes place in extensive capillary bronchitis. He directs that free respiration, and especially, free inspiration be promoted and encouraged. The abdominal bandage should be removed, and the clothing should be light and loose, and in case one side only is affected, the patient must be made to lie upon the sound side, so as to allow the affected side full play. When the child is drowsy, it may not be allowed to sleep too long but frequently aroused and made to cry, if possible. The room should be well ventilated, and of not too high a temperature. He advises stimulating applications to the chest, such as hartshorn, mustard and turpentine, and food suitable to the age of the child given regularly and very frequently.

Stimulants find favor in all cases, a few drops of brandy, or in the case of nursing infants, a little sack whey may be given. The medicines considered most serviceable are sal volatile and subcarbonate of ammonium, in small doses, frequently repeated.

Where collapse occurs suddenly in slight cases of catarrh in comparatively healthy children, when there is reason to believe there is temporary occlusion of the tubes from nervous-spasmodic, or reflex causes, belladonna is given in full doses and frequently repeated, until a sedative effect is produced. He deprecates the old routine treatment with ipecacuanha, or squill cough mixtures, with the application of poultices, treating each case strictly on its own merits, and with regard to the constitutional peculiarities of each child. He has the air of the room kept moist by placing around the child cloth screens covered with a wet sheet. If the temperature of the room is high enough, this sheet is required to be dipped in water every hour, or hour and a half, towels may be suspended around the cot, or a vessel with about

an inch depth of water in it, may be kept in the centre of the room or near the bed. Rubefaction of the chest and local diaphoresis produced by the application of sinapisms, afford relief, but should not be too long continued. The chest should then be covered with cotton wool, which may be basted on a cotton or linen jacket. This will serve to maintain an even temperature upon the surface. Where the skin is inactive, it will act as a poultice, if squeezed out of water before being applied.

He recommends emetics, and saline expectorants and minute doses of sodium and ammonium bromide, also terebene, two or three drops along with the infant's food, for deficient secretion and muscular spasm. In acute catarrhal pneumonia, supporting treatment by means of food and stimulants, is recommended; after the first week or ten days, he relies upon tonic doses of quinine and *nux vomica*.

Dr. C. E. Laning of Chicago, Ill., gives some indications for the remedies useful in pneumonia of children. Phosphorus, cough dry, comes in paroxysms with tearing sound, scanty and viscid expectoration. Patient anxious and restless, throat dry and glistening, skin dry and hot. Thirst for large quantities of cold drinks, which unlike the condition under arsenic, afford relief. The urine is more free and watery than is the case with either aconite or arsenicum. Sulphur, especially in apex pneumonia, either for a dry cough, or for one that is loose with difficulty in raising; head and face hot, and if closely watched, a spasmodic action of the vaso motors may be seen. In addition to the above symptoms, frequent attacks of dyspnœa may occur. In such cases, sulphur and lachesis are most efficient remedies. Lachesis for failing heart, with dyspnœa and marked cyanosis, always worse after sleeping, perspiration always relieves.

In the so-called bilious-pneumonia, so far as my personal observation goes, it never occurs except in those cases in which the lower lobes, particularly the right, are involved. This is accounted for by the fact that the movements of the diaphragm in the act of respiration have a great deal to do with the elimination of the bile from the hepatic cells. *Cheledonium* and *mercurius dulcis* are excellent remedies in such cases. *Bryonia*, also, is often of much service. When this remedy is indicated the pleuræ are generally involved, as shown by the sharp, stitching pains, which are present, evidenced by the child's sudden screams, or by the jerky, irregular respiration caused by the pains. The tongue is coated a dirty yellow, and the lips and tongue are dry and parched. The patient's pains are all increased by the slightest motion.

The so-called cerebral form is often fatal, largely because of the difficulty in recognizing it until well advanced. There are two varieties or forms of this—the eclamptic, to which the case first given belonged, and

the meningeal. As their names indicate, they are apt to mislead the practitioner into looking for some idiopathic brain lesion, which has given rise to the convulsions, or, on the other hand, suggesting meningitis as the cause of the various phenomena observed.

Chamomilla for certain nervous conditions in the early part of the disease. There is engorgement, with congestion of both liver and lungs. The circumscribed flushings, heat in soles of feet, and palms of hands, one cheek red and the other pale, are characteristic of chamomilla.

In typhoid pneumonia, *lacnanthes tinctoria* has given him good results where the cerebral symptoms are prominent, eyes brilliant, face flushed, child delirious.

Ant. tart., ipecac. and hepar are the principal remedies, where there is much rattling in the chest with difficulty in raising the secretion.

Senega, useful when there is profuse accumulation which comes up in large quantities, nearly strangling the younger patients.

Sepia, morning cough, patient gags and frequently vomits in trying to raise the phlegm, urine deposits urates in excess.

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## GYNÆCOLOGICAL NOTES.

BY MARY A. BRINKMAN, M. D.

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Cocaine in Parturition (*Archives of Gyn.*) Doleris and Dubois have used cocaine to quiet the element of pain which precedes, accompanies and follows parturition. By means of a solution containing water, glycerine and hydrochlorate of cocaine (four per cent.) with which they swabbed the neck of the uterus, the vaginal cul-de-sac, the vulva and the vaginal walls throughout their whole extent, they succeeded in suppressing the pain which is due successively to the violent contraction of the uterus, to the dilatation of the cervix, and finally to the forcible dilatation of the vulva. The drug did not interfere with the uterine contractions, parturition was not disturbed either in its mechanism or the time required for its completion. The uterine muscle contracts with its usual strength and the element of pain is eliminated.

Uterine Appendages. Relation of the Diseases of, to the Uterine Mucosa. Dr. Ozempui, in a paper read before the German Society of Physicians and Naturalists speaks as follows : Of diseases of the uterine adnexa which may induce disease of the uterine mucous membrane, are

1. Recurrent, acute or sub acute diseases of the ovaries, tubes, or of both combined.



2. Exudative parametritis.
3. Pelvic—peritonitic irritation from cicatrization of the ligaments after ovariectomy and salpingotomy.
4. Certain tumor—formations of the appendages, particularly pyosalpinx and ovarian sarcoma.

Each of these morbid states may induce those diseases of the uterine mucosa which lead to atypical bleedings, the character of which will to some extent depend on the particular cause. In pyosalpinx, ovarian sarcoma, and certain other diseases of tubes and ovaries, a glandular and interstitial endometritis is set up. In other cases the endometrium undergoes little or no change, but from arterial congestion bleeding is set up.—*Ibid.*

Oöphorectomy in Neurotic Women. Prof. Schroder, in his paper published in the second part of the thirteenth volume of the *Zeitschrift für Gynäk.* relates some cases where the results were more than doubtful. The first operation was in April, 1878; in August, 1880, the report was as far as sexual appetite was concerned the woman was "completely dead" and there was so much vaginismus that she could not suffer coitus. The second case was operated on in January, 1880. In November, 1881, there was a return of cramps, etc. With regard to these cases, Schröder remarks that "in contradiction to Lawson Tait's theory, I have twice performed castration, removing the ovaries only and leaving the tubes, yet in both patients the menses were permanently stopped." The third patient was operated on in October, 1881, and although the report was generally satisfactory she went to Marienbad in the summer of 1886, on account of fainting fits and incontinence of urine. The fourth patient, operated on in August, 1881, is reported in May, 1882, as suffering every four weeks, without any appearance of menstruation, from abdominal pain, flatulence, epistaxis alternating with bleeding from the anus, and once with bloody urine. This was followed by a variety of nervous symptoms leading to morphinism and coccygodynia, for which the coccyx was removed, and partial incontinence of urine, for which several operations on the urethra were performed.—*Ibid.*

Gas Enemata Treatment. Dr. Addinell Hewson has an article in the *Medical Register*, Apr. 23, in which he states that he has used the gas in various kinds of cases where it could be applied directly to the diseased parts, and so destroy the microbes peculiar to them. There were cases of gonorrhœa both in the male and female, and of various stages and durations, and cases of malignant and other forms of morbid growths in the rectum, vagina, uterus and bladder. Care was exercised in selecting the media for carrying and keeping the gas steadily in con-

tact with the diseased surface for twenty minutes or more. The parts were at the same time distended when practicable and so make the application, penetration and absorption more complete. "Thus in cases of gonorrhœa in the male I used with best success a firm gum catheter of medium size with a ball-trap between it and the tube carrying the gas, and when it was evidently necessary, as shown by the gas quickly escaping along the outside of the catheter, I used along the corona glandis a flat elastic band or ring, and so prevented the gas failing to cause distention of the urethra. In all the cases of recent gonorrhœa of the male urethra when I have made a complete application in this way of carbonic acid gas passed through a solution of sulphate of pot. (gr. xv.  $\frac{3}{4}$  xxiv), one application has been enough to make a perfect cure.

"In the female I have used an egg-shaped nozzle of an inch in diameter passed into the vagina beyond the inner sphincter, and the gas passed in through it has been completely retained by the tension which the nozzle provokes. This latter has been my method in all cases where the disease was located in the vagina only. In cases of females with gonorrhœa I have never relied on this method only, but have besides it injected the bladder with the gas by means of the catheter. When I have done this, the cure in the female gonorrhœa has been as prompt and complete as in the male, requiring but a single injection for such a result."

Ex-foliate Vaginitis. Case reported to the St. Louis Obst. and Gyn. Soc., Feb., 1887, by Dr. Coles.

Patient aged 30, and mother of several children, profuse menstrual discharge and other symptoms led to a physical examination. It was impossible to introduce the finger into the vagina, the entire canal from the vulva to the uterus being filled by a membranous substance resembling the deposit of diphtheria or croup. It was only after considerable manipulation aided by the free use of vaseline that examination was made. The vaginal portion of the cervix was covered with membrane, of all solvents a strong solution of Jensen's pepsine answered better than any thing. This agent would dissolve and remove the entire membrane, leaving the vagina free and clear.

In from 36 to 48 hours the membrane reappeared ; whatever agency was used to dissolve it, it invariably returned. During the spring and summer the case was treated by Dr. Pearson locally and constitutionally with no results.

Dr. Coles first saw the case in Sept. The vulva appeared normal but on separating the nymphæ numerous white patches occupied the vestibule, the inner sides of the nymphæ and ostium vaginæ. The parts

were sensitive, with some vaginismus. The vagina, small and corrugated, was completely filled by the material. It imparted the sensation to the finger of slightly moist coarse bran.

A considerable quantity had to be removed and the parts well oiled with vaseline before the finger could be passed up to the os. The cervix and vaginal wall were entirely covered by the membrane, the parts appeared like parchment painted with gum-arabic or varnish and then bent in various directions after the application was allowed to dry. The os uteri was stuffed full of the detached flakes of membrane. The membrane at every point was easily removed by taking hold of the free edge with a pair of dressing forceps. It left a slightly abraded surface with a show of blood or colored semen. Experts examined the membrane microscopically and agree that it is exfoliation of the natural epithelial layer of the parts involved. There was no history of diphtheria—and no exudation such as we find in croup. The patient was chlorotic, pale and thin.—*St. Louis Courier of Med.*, May, 1887.

Wark, on the Treatment of Intra-uterine Inflammation and Passive Hemorrhages with Extract of Hemlock. (*Analectic*, March, 1887) The best results are secured by keeping the uterine mucous membrane under the influence of the remedy almost continually during a large part of the inter-menstrual period. The application should be repeated every second or third day. In cases of inflammatory disease of the mucous membrane lining the cervix and in granular degeneration of the vaginal portion itself, its use with such other local and general measures as will readily suggest themselves to every practical gynecologist yields much better results than can be obtained by any other remedy with which we are acquainted.

Case 1. A vigorous woman 45 years old with menorrhagia of menopause. The patient began to be anæmic, the hemorrhage was controlled by tampon as long as it remained in position, but as soon as it was removed the blood reappeared and did not cease until the inside of the uterus was swabbed out with the extract in full strength.

Case 2. Aged 35, mother of two children, menorrhagia so copious that on several occasions her life was saved only by the diligent use of the tampon. The bleeding was controlled by the use of the extract applied in full strength to the bleeding surface. The next menstrual period was followed by copious hemorrhage, a small polypus was discovered and removed followed by cure.

Case 3. A married lady aged 26. She had taken some drug to produce abortion at the third month. She made a good recovery. Menstruation began in about 40 days and became a copious hemorrhage, hemlock stopped the flow forthwith.

Its application is nearly painless, the extract may be used in full strength to the uterine cavity by means of a probe wound with absorbent cotton, or a few drops may be safely deposited there by means of a Molesworth intra-uterine syringe, or it may be dried and a bit the size of a pea passed within the os internum on the end of a uterine probe.—*Provinc Med. Jour.*, Jan., 1887.

A Case of Hernia of the Bladder through the Vulva with Strangulation.

The patient had deformed pelvis and after severe labor had an enormous vesico vaginal fistula. A tumor the size of an orange of a violet color protruded between the labia. It was the bladder gripped at the entrance of the vagina. Manipulation caused pain and hemorrhage.

Obliteration of the vaginal aperture was performed, after which no urine escaped while the woman was recumbent and only to a small extent when erect. Some months later she returned as bad as ever. The vesical hernia and strangulation had recurred, and although the vulva orifice was smaller than in the first instance the effect of the former operation had been almost entirely destroyed through the husband. (*Arch de Tocologie*) *Am. Med. Digest*, May, 1887.

Total Extirpation of the Uterus and Nephrectomy. Dr. Schmidt of Cologne, relates a case where these formidable operations were performed at one sitting. The patient was forty-nine years old, and had given birth to four children, all still-born; and the menopause had occurred two years previously. For a year she had suffered from severe irregular uterine hemorrhage. Carcinoma of the cervix involving the vault of the vagina, was detected. The uterus was removed, but the operation was rendered very difficult by abundant cord-like adhesions between the fundus and the pelvic walls. The peritoneal cavity had to be very widely opened, on careful examination of the extirpated uterus it was found that an inch of the right ureter had been cut away with that organ. The vagina was plugged with iodoform gauze, and the right kidney was removed through a lumbar incision. The patient made a good recovery. Dr. Schmidt states that total extirpation of the uterus is quite inadmissible when it appears at all probable that a ureter is likely to be injured, not that the necessary nephrectomy would greatly increase the risk but rather because the extirpation of the uterus would be of little service in such a case, as the cancerous infiltration would be extensive and rapid recurrence would be certain. Yet when the ureter has been injured he thinks that nephrectomy is preferable to sewing the proximal end of the ureter to the vaginal walls, as this leads to inflammation and sloughing, and renders nephrectomy necessary later on. In Dr. Schmidt's case it must be noted that the disease had distinctly in-

volved the cellular tissue to the right of the cervix.—*Brit. Med. Jour.* March, 1887.

Decoction of Cotton-Root as a Uterine Hæmostatic.—The experience of Dr. Garrigues as reported in the *Quarterly Bulletin* of the Clinical Society of the New York Post Graduate School and Hospital apparently conclusively proves that decoction of cotton-root is a remedy of great value. G.— has used it in one hundred and thirty-nine patients, and in the majority he obtained more or less decided benefit. He finds that it lessens the pain, checks the bleeding from uterine fibroids. In sarcoma and carcinoma it lessens, or suspends altogether for a time hemorrhage. The remedy should be used in the form of a freshly made decoction. It will fail to produce any benefit in about one in ten cases.

The following directions are given for preparing and administering the preparation.

Three heaping teaspoonfuls of the powdered root are boiled in a pint of water for fifteen minutes, after cooling the preparation is strained, one third of the decoction is taken in the forenoon, another in the afternoon, and the last at bedtime.—*Med. Summary*, March, 1887.

Bichloride of Mercury in Uterine Catarrh.—Originally it was suggested to my mind by some considerable success with the same agent in gonorrhœa as recently recommended. The suspected relation between many chronic inflammatory conditions of the female genital organs and gonorrhœa still further suggested the use of the bichloride though in much stronger solution. One half to one grain to the ounce of water was the strength I employed and, on trying it, my success was so much better than ever before that I have continued to use it in all possible cases of the kind. It has several manifest advantages applied with the cotton-wrapped application, it excites no immediate uterine contraction, as iodine, carbolic acid, and other agents generally do. This enables me to make two, three or more applications in rapid succession, and affords a much better chance for reaching the entire endometrium. It leaves behind it no coagulated mucus or film of chemically altered epithelium, as carbolic acid and nitrate of silver do, to be detached and expelled subsequently by a process almost necessarily involving fresh suppuration. A similar solution may, as a final measure, be applied to the whole vaginal membrane as the speculum is withdrawn, and irrigation with hot water or a very weak solution of bichloride continued for some days. In obstinate catarrh of the cervix with almost endless ropy secretion, I have also had good success, while I do not remember after many trials, any success worth mentioning with any agent employed previously. In nearly all the cases two or three applications entirely checked discharges of long standing. Sometimes they recurred at the



monthlies, but were again checked for good apparently by another application. In two cases single applications did the work, and out of twenty-three cases treated solely in this way, two only resisted treatment and were complete failures.—*Ibid.*

A woman gives birth to a child after amputation of the cervix.

Mrs. P.—age 45, uterine neck enormously elongated, it protruded beyond the labia majora. Her youngest child was twelve years old. Operation was done by the platina wire. The piece taken off was exhibited before the Pathological Society of New York and no one present had ever seen one so large or so hard before. Eight months after, the woman became pregnant. The labor was normal in every respect, the patient is living and is in good health. R. W. St Clair, Brooklyn.—*Med. Summary*, Mar., 1887.

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## ABSTRACTS.

*ON Some Forms of Albuminuria Not Dangerous to Life.*—The gravity of albuminuria, as a symptom, has been differently estimated at different times, but gradually it has come, in recent years, to be known that albumen often appears in the urine, even in considerable quantity and very persistently, in persons free from organic malady. Indeed, it may be maintained that some patients with persistent albuminuria are yet eligible for life insurance at little, if at all, above ordinary rates.

It is, therefore, important to know the characteristic features of these non dangerous albuminurias.

Dr. Grainger Stewart, in the January issue of *The American Journal of the Medical Sciences*, studies the following varieties: First, paroxysmal albuminuria; second, dietetic albuminuria; third, albuminuria from muscular exertion; and, fourth, simple persistent albuminuria; and illustrates each with reports of cases which are markedly characteristic.

The diagnostic features of paroxysmal albuminuria are the sudden and copious occurrence of albumen in the urine with numerous casts, the process lasting only a short time and recurring at intervals with or without a perceptible exciting cause. The exciting cause, according to Dr. Stewart, is irritation of the kidneys from blood changes. The treatment should be directed, on the one hand, to the avoidance or diminution of renal irritation; and, on the other, to the regulation of the hepatic function, and of the chemical processes in the body. Happily, the attacks are usually of brief duration, and he has never known them prove permanently injurious.

*Dietetic albuminuria* is a variety which has long been more or less distinctly recognized. Some people suffer from it whenever they indulge in certain articles of diet. In some cases one kind of food, in others many require to be proscribed; cheese, pastry, and eggs are among the more

common offenders. Of this group our present knowledge does not suffice to afford a satisfactory explanation.

Those cases of albuminuria following upon muscular exertion, Dr. Stewart is disposed to attribute to a general change in vascular activity. The principal indications for their treatment are met by rest, judicious diet, and attention to the general health. Those remedies which act upon the muscular fibres of the vessels deserve trial.

The features of simple persistent albuminuria are the constant presence of albumen, usually in small quantity, unattended by tube-casts, diminution of urea, by increased muscular tension, cardiac hypertrophy, or other consequence of renal malady, persisting for a period of months or years, and little influenced by diet or exercise.

Dr. Stewart concludes his study with a consideration of the prognosis of these groups.—*American Lancet*.

*MEDICATION of Phthisis.*—In a recent number of the *Progrès Médical* the editor discusses the changes in the treatment of phthisis which modern pathological researches would indicate. Recent suggestions in antibacilli treatment are the inhalation of hydrofluoric acid and the rectal injection of sulphurous gas.

We are able, however, to hope for very little from these methods.

The means for combating tuberculosis which seems most worthy of serious attention is the use of iodoform.

This substance has been tested by injection in cold abscesses, by inunction in tubercular meningitis, and internally given in enlarged glands and pulmonary tuberculosis. The purity in which iodoform is now made, our better knowledge of its solubility, and its poisonous properties, enable us to use it as a most important agent in the extirpation of a local tuberculosis before the organism can become affected; it has thus an important part in preventive and hygienic medication.

We must agree with Jaccoud in placing the administration of nutritious elements as still our most important duty to the phthisical patient. Cod-liver oil, to the extent of 4 ounces daily, is of the greatest benefit, and especially those oils which contain iodine and phosphorus in greatest amount.—*Ther. Gazette*.

*RECENT Researches in Diuretics.*—To what extent the Malpighian corpuscles and the renal tubules respectively take part in the secretion of urine is not yet accurately known, although the researches of Heidenhain, Nussbaum, and others have added much to our knowledge. It seems likely that an investigation into the mode of action of diuretics will throw great light on the question, because a diuretic drug may act either on the Malpighian corpuscles, increasing the flow of urinary water, or on the renal tubules, increasing the amount of urinary solids, or on both structures. The great difficulty, however, in experiments on the kidney in living animals, is that of estimating how much of the effect produced by a drug is due to changes in the circulation, or in the nervous system, which has an influence on the secretory activity of the kidney, as well as on the blood-vessels. Munk has, in his recent experiments, eliminated these factors by investigating the action of diuretic

drugs on an excised kidney. The organ, after excision, was nourished, under a pressure of one hundred to one hundred and ninety millimetres of mercury, by a stream of blood and salt solution through the renal artery. The drug was added to the liquid, and its effect noted by the amount and quality of the urine, collected through a canula placed in the ureter. Before the addition of any drug, it was found that the amount of urine secreted in an hour varied from four to twenty-four cubic centimetres; that this was a true secretion, and not a simple diffusion, was shown by the fact that it contained a greater proportion of saline constituents than the circulating fluid. The addition of chloride of sodium, nitrate of sodium or potassium, caffeine, dextrose, cane-sugar, or glycerin to the circulating fluid, increased the secretion of urine three to fifteen times, the pressure remaining the same; while in the case of nitrate of potassium and of caffeine, there was an increased rapidity of flow of the circulating fluid. Diuresis of this nature and under such conditions could only result, according to Munk, from a stimulation of the secretory cells of the kidney by the drug, a conclusion which, as regards caffeine, had already been arrived at by Von Schroeder. An interesting result obtained by Munk was the appearance of hippuric acid in the secretion from the kidney, when benzoate of sodium and glycol were added to the fluid circulating through the vessels of the kidney. As is well known, benzoic acid given to any animal appears as hippuric acid in the urine; and this result has been supposed to be due to the action of the intact blood-corpuscles. But, in Munk's experiment, these were absent; hence he concludes that the transformation is probably brought about by the oxygen which is combined with the hæmoglobin.—*British Med. Journal*.

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#### ITEMS.

Dr. Philip Porter has been appointed Professor of Gynecology in the Pulte Medical College at Cincinnati, vice Eaton resigned.

Dr. Charles Deady has returned from the south and resumed practice at No. 11 East 29th Street, New York.

The illustrations in Professor D. A. Sargent's article on "The Physical Proportions of the Typical Man," which will appear in *Scribner's Magazine* for July, are from photographs of athletes, and diagrams furnished by the author. This article will be of special interest to young men engaged in out-door sports and general athletics, and will also be of unusual value to teachers and parents as a guide to them in the physical development of their pupils and children.

An exceptional opportunity is offered for the purchase of medical books. A physician retiring from practice will sell his complete library in lots to suit purchaser at discount of 40 per cent., majority of the books are new or good as new and comprise nearly six hundred volumes, including "Allen's Encyclopedia," "Millsbaugh's Plants," "Fox's Skin Diseases," etc. Address inquiries to Mr. A. L. Chatterton, 78 Maiden Lane, N. Y.

The eighth annual meeting of the International Hahnemannian Association met last month at Long Branch. A large number of prominent physicians were present. The

sessions were held in the parlors of Leland's Ocean Hotel. The following officers were elected for the ensuing year: President—W. P. Wessellhøft, Boston; Vice-President—C. W. Butler, Montclair, N. J.; Secretary—E. A. Ballard, Chicago; Treasurer—W. A. Hawley; members of the Board of Censors,—J. A. Biegler, Rochester, Chairman; William S. Gee, Chicago; Edward Rushmore, Plainville, N. J., C. W. Butler, and J. B. Bell, Boston. Chairman of the Bureau of Materia Medica and Proving—William S. Gee; Bureau of Surgery—J. B. Bell; Bureau of Clinical Medicine—Alice B. Campbell, Brooklyn; Bureau of Obstetrics and Diseases of Women—E. P. Hussey, of Buffalo.

Gov. Hill has affixed his signature to the bill which the New York Medical Society has been trying for three years to have put on the statute books, the measure requiring the licensing and registering of physicians. All the schools of medicine united this year on the bill. It restricts the list of authorized practicing physicians to those already regularly licensed and over 21 years of age. Hereafter, those who shall be admitted to practice will be confined first, to those who shall have been graduated from an incorporated medical school or college with the degree of Doctor of Medicine; second, to those who shall have received this degree from the Regents of the University of the state of New York; third, to graduates of incorporated medical institutions in other states and foreign countries which shall have been approved by the institutions in this state. The County Clerk of each county shall keep a registry book in which every physician must register according to a prescribed formula. The penalty for violating the law is \$50 fine for the first offense and \$100 fine or 100 days' imprisonment, or both, for each succeeding offense. The county medical societies are authorized to prosecute any offenders.

CONSTIPATION IN CHILDREN.—Infant feeding is the subject of great difference of opinion among mothers and nurses, and sometimes children thrive on a diet which doctors consider unsuitable. There is no doubt, I think, that some malted foods added to milk are both digestible and nourishing; they stimulate the bowels to regular action, the motions becoming normal in appearance and quantity, whilst body growth increases at a proper rate. I have known of many cases where Mellin's Food has agreed well with young children, improving their nutrition in a remarkable manner. It is soluble in cold water, and said to contain 87 per cent. of dextrin, maltose, etc., but the efficacy of the food, according to Dr. Wigner, consists in its containing those nitrogenous and phosphatic principles which contribute to the growth of bone and tissue. The starchy and sugar elements are in small proportion. (Both Fresenius and Stutzer by analysis and microscopical examinations have shown Mellin's Food to be *wholly* free from starch.) When mixed with milk its digestive power is increased, and is most valuable as a nutritious food.

PLEASE WRITE PLAINLY.—To the publishers of *The American Homœopathist*:—Through the recent offer made by us in your advertising pages, to send our complimentary sample of Platt's Chlorides to any physician still unacquainted with it, we have received many hundreds of requests, which we have complied with, with pleasure. But there are a few that will be disappointed by reason of their own carelessness or thoughtlessness in writing; it having been either impossible to decipher the name or address, or the latter has not been fully given. For instance, one physician gives his P. O. address as simply Harper's Ferry, not naming the state. There being an Harper's Ferry in Iowa, same in Kentucky, and another in West Virginia, it was impossible to tell where to send our sample, as, in this instance, the physician's name was not in any of our directories, and the post-mark was entirely obliterated.

We will continue our offer to send samples (expressage prepaid by ourselves) for a few weeks yet, and would kindly ask those requesting same, to enclose their card, or to write on a letter head, giving the name and address in print.

Most respectfully,

HENRY B. PLATT, 36 Platt Street, New York.

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A valued correspondent, who is suffering from Bright's Disease, writes to us, requesting that we invite through the HOMŒOPATHIST, correspondence upon the subject of "Bright's Disease and its Homœopathic Treatment," especially from any physician who has been successful in its treatment. He writes, "I have found very little relief, if any, thus far, under homœopathic remedies." We hope that his request will receive a cordial response from our readers, who will, while aiding a brother practitioner, at the same time add to our knowledge of the treatment of this common and generally fatal disease.

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Our Albany correspondent writes, anent the notes in a recent number of the HOMŒOPATHIST upon the drinking of water at meals: "Will meat or any other food digest if soaked in water, tea, coffee, or beef soup, for twenty-four hours? The answer to this question should settle the question about drinking before, during or after meals, to have the drink dilute the fluids provided by nature to digest our food. Would it not be a more suitable time to drink when digestion is not taking place, say an hour or so before each meal?" The notes were given as a summary of the conclusions drawn by Dr. Leuf from his study and investigation of the subject, and in such cases a few ounces of fact outweigh many pounds of theory. Neither is the answer to the above questions so simple as to be met by a plain Yes or No. Meat will certainly not digest in water or any other fluid, no matter how long it remains there, unless the digestive ferment is present. But the conditions under which digestion is performed in the stomach are entirely different, and while the taking of fluids with the food may dilute the gastric juice, it also promotes absorption, and possibly also aids in the secretion of the gastric juice.

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In a recent number of *The Sanitarian* Dr. Beardsley writing of syphilis from a sanitary stand-point, and considering the extension of the disease and the liability of infection from contact with any thing capable of retaining the virus sufficiently active to infect, as pipes, cigars, clothing,



paper money, etc., says : " So intimately interwoven with syphilitics has society become that the pure are constantly jostled on every thoroughfare, be it a horse or steam-car, and public or private parlor, at home or abroad. The source of the infection is mostly from the back streets, tenement houses, the places where are found the hot-beds of prostitution, and its accompanient, syphilis. These tenement houses filled with the immigrants from Europe, where syphilis is even more of a curse than it is here. Perhaps no greater calamity can befall us as a nation than the unlimited emigration to our shore of a low and morally degraded people, who are ready to fall into every vice which presents itself, and if not diseased when they land [I am sorry to believe many are], they soon become victims of the vicious, and are thus a new source—a mother to breath her pestilential breath upon others. . . . There seems to be no statutory law equal to the task. Registration, licensing, and penal codes are all alike a dead letter ; neither can be enforced by a people where such regulations and penal codes will conflict with their moneyed interests. Here in America, and elsewhere, health is a secondary consideration to wealth. It is only in the heart of Africa that Haggard could place a people who put crimes against the person as more heinous than those against property. For instance, the law of England is much more severe upon offences against property than against the person, as becomes a people whose ruling passion is money. . . . In Zu-Vendis this is not so, for there they rightly or wrongly look upon the person as of more consequence than goods and chattels, and not, as in England, as a sort of necessary appendage to the latter." As a partial check to the further spread of the disease Dr. Beardsley suggests the limitation of pauper emigration. The sorting-out of the worthy from the unworthy, which can be better accomplished at the port of departure than at the port of arrival. To accomplish this, have every emigrant, old or young, pass a scrutinizing inspection before setting sail for America, and by American physicians. If found worthy physically, morally, and intellectually, give them a passport and we will welcome them."

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If all the statements concerning the marvelous effects of cocaine could be implicitly believed, the practice of medicine would be greatly simplified, and the physician armed only with a hyperdermic syringe and that seductive drug could go forth conquering and to conquer. To the already long list of diseases which have, like Captain Scott's coon, come down, at the sight of the syringe pointed at them, is to be added tetanus, which, according to Dr. Manuel Lopez, in the *Cronica Medico-Quirurgica*, has been cured by hypodermic injections of cocaine. The case

briefly stated is as follows : A laborer of the age of fifty, of a nervous temperament, complained of rheumatic pains. After a week of treatment the condition was very grave. He presented opisthotonos, general rigor, frequent spasmodic attacks, and most painful muscular contractions. His face was pale, and showed evidence of great suffering ; his pulse weak, frequent and irregular ; respirations were anxious and short, owing to inability to expand the chest ; intellectual faculties unimpaired. This was regarded as an idiopathic case of tetanus, owing to the absence of any lesion to which the origin of the disease might be traced. Chloral was administered and anodynes applied to the vertebral columns and limbs. On the third day he was compelled to suspend the administration of chloral on account of the difficulty of taking it. In place of this, the three injections of five per cent. solutions of hydrochlorate of morphine and cocaine in equal parts were made in two separate places on the body and limbs. Two hours after, the invalid was able to flex the limbs, turn in bed, open his mouth, and the painful contractions had ceased. Continued improvement enabled him at the end of one week to return to his occupation.

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### ON MYXŒDEMA.

BY

DR. H. L. LANDAU.

Translated by DR SAMUEL LILIENTHAL.

SINCE Virchow in his essay before the Berlin Clinical Society led the attention of physicians to this disease, several cases were reported, among others the following interesting one :

A woman of 33 years came in the gynæcological clinic of Dr. Landau with the complaint that she had lost her menses five years ago, and attributes all her ailments to that cause. Examination revealed atrophy of the uterus. The womb is 4.5 ctm. long, has thin walls, and the ovaries are also atrophied. As this is a secondary affection, when acquired, we looked further and found a bloated face, swollen eyelids, and a stupid expression of her features, for which she blamed frequent attacks of facial erysipelas. The urine was free of sugar and albumen ; heart, lungs and liver normal. The pressure of the finger on the swollen parts of the face left no indentation, hence it could not be considered a common œdema. History showed the death of the parents ; father died from *tabes dorsalis*, mother from peritonitis. Of eight brothers and sisters only one brother is living and well. In her youth she always

enjoyed good health. Menstruation began when she was seventeen, and was always normal every 28 days, lasting a week. Of her two children one died from convulsions during dentition, the second one is hearty. During her 23d year her husband infected her with syphilis ; the inguinal glands separated and were extirpated. Secondary symptoms manifested themselves and she underwent treatment with mercurial inunctions and iodine of potash, which apparently did her much good. Four years ago she suffered from a weeping, itching eruption, especially on chest, arms and legs ; probably an eczema which dried up by local treatment. Six years ago she became amenorrhœic without cause and remains so ; only she has attacks of facial erysipelas at the time the menses should appear, running its course without heat, chill, thirst or fever. It mostly attacks the right side of the face. She was formerly slender, now she tends to corpulency. The face looks broader, the parts around the eyes and nose are enlarged, her upper lip thick, broad, plump and stiff. Formerly she was always in good-humor, now she is morose and irritable, inclined to shed tears about every trifle ; often she sinks into apathy, loses all interest in her affairs, and her mental powers are decreasing. Formerly she was very fond of reading papers and books, now she is neither inclined to do so nor does she comprehend what she reads ; frequent headaches ; visual powers normal in day-time, but fails to see distinctly in darkness. Her bodily strength has diminished in the same proportion ; ascending stairs, even walking on the floor, tires her out quickly ; she is unable to hold the needle in sewing, and gets easily fatigued in whatever she undertakes. Her sleep does not refresh her and awakes often from thirst which also troubles her in daytime. Libido sexualis totally gone. Her skin is dry, she never perspires. Mucous membranes pale. The anterior aris whitish, thickened, stiff ; temperature normal ; pulse slow ; moderate prolapsus vaginæ and slight descensus uteri ; copious urination, urine contains neither albumen nor sugar.

It is certain that we deal here with a general cachexia with severe mental and bodily symptoms. It is not a elephantiasis as a sequela of erysipelas ; for the attacks are afebrile and we would not find any cocci. Furthermore in elephantiasis the most superficial of layers of the uteri are affected, whereas here we find the deeper layers and the subcutaneous tissue affected. Nor do we deal here with a simple retention of serum or mucine, but with a diffuse neoplasma, a myxœdema, which according to Virchow is produced by an irritative process, approaching to inflammation, and not by a jelly-like metaplasia of fat in the subcutaneous tissue. Though all the symptoms justify the diagnosis, we still miss the hoarseness, the plumpness of the tongue and extremities, the dementia, but we believe that the disease is yet in its first stage, the neurotic stage.

of Horsley. It is remarkable that so far among 110 cases there were 94 women, and that most of these suffered from a precocious climaxis.

We might again inquire whether the myxœdema, the nevous disturbances, the amenorrhœa are symptoms of one and the same disease, Charcot's cachexie pachydermigue, or whether the anæmia stands in a direct causal relation to the myxœdema of the face. We know that in several genital diseases, *e. g.*, myxomata, yea with many women even during normal menstruation and pregnancy, the glandula thyroidea swells up, and we may suppose that where in a woman we find this gland absent and amenorrhœa sets in, retrogressive matter must accumulate in other parts of the body—here, in the face—and causes, according to Virchow, the irritate process of myxœdema, or according to Horsley, an accumulation of mucine.

An analogue to the myxœdema of the face may be found in Fournier's specific or indurative œdema of the female genitalia, which are smooth, tense and appear many years after a *primary syphilitic affection*.—*Berl. Klin Wochenschrift* 11, 1887.

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## AN INTRODUCTION TO THE STUDY OF MATERIA MEDICA.

BY

WM. E. LEONARD, M.D.

A LITERAL interpretation of the term *materia medica* sufficiently explains its meaning, *i.e.*: Substances medical, or the substances which the healing art employs in the cure of disease.

A sort of brute instinct, from time immemorial, has led man to seek the antidote for his ailments among the natural objects around him, especially from the vegetable world. The names of some of our drugs, in the language of their native country, plainly told their main therapeutic uses, long before any definite law of cure formulated them; *e. g.*: "Fallkraut," the German popular name for arnica; "Boneset," the well-known name of the *Eupatonimeus*.

Yet the mineral and the animal worlds as well, have contributed to the armamentarium of medicine, even from the Homeric story of *Æsculapius*. The temples of [this god were built near wells of repute for their healing powers, and the symbol of *Æsculapius* everywhere was a serpent, signifying prudence and renovation, and believed to have the power of discovering herbs of wonderful properties. From that time to the present, different ages and different schools have preferred or

drawn from one of the natural kingdoms, some herbalists delving only in the vegetable world, some (alchemists or mercurialists) finding a supply only in the mineral kingdom, etc.

As a result, the modern pharmacopœia comprises the winnowings of many centuries from all sources, and no physician scruples to use any substance about which any knowledge has been gained, from whatever department of nature it may come.

Before we attempt to systematize the vast array of drugs presented for study, you will pardon a digression by way of a comparison between the old school and the Homœopathic materia medica, if perchance we may learn something from these differences.

We will consider these differences under three headings :

First. The radical difference in the theory of application.

That this is the rock of offence and stumbling-block between the schools may appear sufficiently clear to one of Homœopathic education. But to one approaching this study from the stand-point of old medicine, some explanation would be necessary. It will do us no harm to look at both sides of the shield. Therefore, at the risk of being tedious, I place eminent Allopathic authority by the side of that of the new school.

I quote from the article on "Medicine," Ency. Britt., 9th Ed., Am. reprint, as follows :

"The science of medicine is the theory of disease and of remedies. While the notion of disease is necessarily or inevitably connected with the notion of health, there is no *necessary and invariable relation*, but, on the other hand, a *merely conventional association between a disease and a remedy*." [Underscoring mine.] \* \* \* \* \* "Each article of the materia medica, apart from a few inert substances, has a certain effect on the organism in health and in disease, which is *ascertainable with scientific precision*. These properties and actions of drugs are the subject of pharmacology and toxicology ; the circumstances under which the several articles of the materia medica become remedial are the subject of therapeutics, and *therapeutics is dependent for its scientific position upon the completeness of the theory of disease, or pathology*."

To summarize these statements for the purposes of comparison, we may predicate of Allopathy, speaking through this authority : First, there is no definite law of cure ; second, scientific provings are possible ; and third, pathology is the basis of therapeutics.

If there is no law of cure, how easily explained is the rank empiricism and the fickleness of modern Allopathy. Later in the article above quoted the following condemnation is written :



"The adaptation of remedies to disease is, however, greatly wanting in precision, and continues to be *in large part empirical and traditional*."

To offset this, the use of the Homœopathic materia medica is based upon the only known law of cure as taught in the opinion of Samuel Hahnemann, a law generally simple of application, in common with all nature's general laws ; yet, at times intricate, because of varying conditions and unsatisfying circumstances.

That provings may be scientific is a great acknowledgment, and a step forward in the right direction. Yet the virtue of a Homœopathic proving, as we know it, would scarcely impress the writer of this article on "Medicine." Much difference of opinion concerning mental and subjective symptoms would arise. Indeed, in our own ranks just what constitutes a proper proving is a mooted and much talked-of question. The movement toward the idea of testing drugs on the healthy is a notable one in medicine to-day. In the meantime, Homœopathy should not cease to make progress in provings according to all modern means of correct observation, not forgetting those mental symptoms not due to an overwrought imagination.

In basing therapeutics on pathology, it seems to me that the lesser is exalted above the greater. Pathology, as taught now-a-days, is simply a new series of theories, a material accounting for physical disturbances, without regard to the action of vital energy, the results and bounds of which no man ever has or ever can properly and accurately define.

If this proposition is true, there is much in every proving that pathology cannot account for, much that Homœopathists could not do without in prescribing. Only those Homœopathists who imitate the Allopathic method of gaining material facts would have all our provings remade on the basis of pathology, with the aid of chemical analysis, ophthalmoscope, microscope, etc. No progressive man objects to this, but thoughtful men would expect more in each proving than these various aids to the senses can discover, *i.e.*: disturbances of the dynamis or vital energy, the indefinable (from a material stand-point) cause of all action, healthy or diseased.

Nearly 500 years B.C. in the history of medicine we read : "Hippocratic physicians have perhaps never been excelled in prognosis. Diagnosis was necessarily imperfect when no scientific nosology or system of disease existed, and the knowledge of anatomy was inadequate; but symptoms were no doubt observed and interpreted skilfully." A strange instance of success in treating disease without knowledge of an elaborate pathology !

Second. Let us consider the difference in material between the old school and the homœopathic materia medicas. This difference is

slight, as will appear on investigation of dispensatories and pharmacopœias. The chief authority reviewed by me has been "The National Dispensatory," by Stille & Maisch, 1881, a ponderous volume of 1680 pages.

In this book 1475 subjects are treated. If from this number we take the various compounds and different methods of preparation, which are essentially different forms of the same drugs, and which amount to 672, and also the list of non-medicinal substances, amounting to 32, we have remaining only 771 simple substances considered :

672	1,475
32	704
<hr/>	<hr/>
704	771

And of these only 88—65 vegetable substances and 23 mineral—are not found in the homœopathic materia medica.

To offset this there are 1,300 medicines mentioned in a complete list to be designated hereafter, and of these 828 are found proven in "Allen's Encyclopedia." Therefore, by comparison, homœopathy presents 828 drugs of known effect, against 771 in the old school dispensatory of empirical value, of which latter only 88 are not included in the former list.

Viewed in general, not numerically, almost all the old drugs, in use for centuries, have been fully proven for homœopathic use. Many substances deemed inert and non-medicinal by the old school have been developed into powerful medicines by homœopathy: *e. g.*, lycopodium, silicia, common salt, etc. Homœopathy has drawn more largely from the vegetable kingdom than the old school and has developed entirely new fields in the animal poisons, and on the nosodes, or products, of disease.

MINNEAPOLIS, MINN.

(To be concluded.)

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## HEADACHE.

BY B. F. UNDERWOOD, M. D.

TO the habitual sufferer from headache, there is no other pain which at all compares with it, the premonitory symptoms of a coming headache are replete with terror, and the suffering while it lasts is so severe that rather than endure its long continuance, death, and a cessation of pain, seems preferable. It may be doubted, if the discomfort and suffering from headache, although it be but one of the minor

ills of life, does not exceed in the aggregate, that from any other disease.

While in many, and perhaps in most cases, it is but a symptom, rather than a disease, yet to a certain extent headache constitutes of itself a disease, and is the principal, if not the only symptom of which complaint is made. The pathology of the cerebral lesions involved in headache is obscure ; the diagnosis difficult, for hidden beneath its osseous encasement the morbid changes in the tissues of the brain or its functional derangement, except as revealed by the subjective symptoms of the patient, are as a sealed book. We can, however, recognize as underlying it, and as a prime factor in its causation, a peculiar susceptibility of the nervous centres which, under the stimulus of various disturbing influences, results in headache.

According to the exciting cause from which they spring, headaches may be classified in various divisions, of which the following are the best defined : 1, anæmic ; 2, hyperæmic ; 3, nervous ; 4, reflex ; 5, rheumatic ; 6, toxic ; 7, catarrhal.

**ANÆMIC HEADACHE.**—The first of these, the headache of anæmia, is properly symptomatic. It is produced whenever a sufficient supply of the red corpuscles of the blood are not passing through the capillaries of the brain. This condition may be due to an alteration in the quality of that fluid as in anæmia or leucocythæmia, where the number of corpuscles is reduced below the normal proportion ; or while the blood may be normally constituted, the deficiency may be due to a weak action of the heart. The diagnostic symptoms of this variety of headache are such as would naturally arise from deficient cerebral circulation. There are spells of depression and lowness of spirits ; with fearfulness and timidity. Dread of the future and of business and of other troubles, which are unfounded. The pain is usually of a dull, gnawing character, affecting the vertex, which is hot, and burning to the touch. It may also affect the forehead and temples and more rarely the occiput. It is accompanied with pallor of the face, and palpitation of the heart ; and often associated with dyspepsia and cardialgia ; there is also coldness of the extremities, and in females there may be dysmenorrhœa. In some cases sleeplessness and in others drowsiness predominates. The organs of the special senses are disturbed, especially when loss of vital fluids has taken place, with ringing and buzzing noises in the ears, flashes of light before the eyes, and more rarely illusions of smell. There may be also twitching of the muscles, dizziness and fainting. The digestion is often disturbed with nausea, furring of the tongue, flatulency and constipation. The eyes are sunken, the pupils dilated or in some cases contracted. The pulse is usually

weak, labored and slow, or small, weak and rapid. In addition to the indicated remedy in this form of headache very much of the success in treatment will depend upon the diet and the surroundings. Change of scene and occupation, the securing of rest and quiet, may be absolutely necessary to effect a cure. If there are any drains upon the vital strength these will necessarily demand attention. A nutritious and restorative diet is also an important adjunct.

**HYPÆMIC HEADACHE.**—This variety of headache, while the result of a directly opposite condition from that of anæmia, may be due to similar causes, those of prolonged thought and mental labor. Under the stress of severe mental exertion there is an increase in the amount of the arterial blood sent to the brain, the cerebral vessels are dilated and this condition remains when the demand for the increased supply has ceased. The blood vessels are distended and there is a corresponding pressure upon the substance of the brain. As the hyperæmia is active or passive, arterial or venous, there will be a corresponding difference in the symptoms. These will vary somewhat, at times sensation being most affected, at others the mental faculties. In the latter case the thoughts are rapid, disconnected and changeable, alternating from grave to gay, and at times becoming maniacal. The ideas are confused, false and distorted. The entire head is usually affected with sensation of pressure and throbbing. There are illusions of the special senses from the irritation of the nervous centers, with extreme sensitiveness to noise of every kind; light is unpleasant and aggravates the suffering. The eyes and face are suffused and there is strong pulsation in the carotids. The face is sometimes intensely red with heat in the brow and vertex. In some cases there is intense suffering, hyperæsthesia and violent pains.

When the headache is the result of severe mental application, anxiety or over indulgence in rich food or stimulants, a change in the habits is the first steps toward a cure. Rest and moderation in living should be insisted upon and attention paid to the diet. A light diet, fish, white meat, fruits and vegetables should be substituted in the place of the more nitrogenous foods and all wines and liquors should be avoided.

**NERVOUS HEADACHE.**—This form of headache is due to a morbid change of the nervous centres, a peculiar functional disorder which is paroxysmal and not continuous; and which is often inherited. To the paroxysms which are similar to those which result in neuralgia, epilepsy, etc., Dr. Edward Liveing has given the name of "Nerve Storms." "This consists in a tendency on the part of the nervous centres, to the irregular accumulation and discharge of nervous force, to disrupted and uncoordinated action, in fact; and the concentration

of this tendency in particular localities, or about particular foci, will mainly determine the neurosis in question." [Quoted by Day.] In case the general health has been reduced the attacks become more frequent and severe, the controlling influence which holds this tendency to morbid irregularity of action in check is weakened and the abnormal disposition has full sway. Under such circumstances the slightest irregularity of living will suffice to bring on an attack, fatigue, worry, excitement or indulgence at the table often being a sufficient provocative. The headache is ushered in by various premonitory symptoms which may precede the attack by a period varying from a few hours to several days, during which time there is a sense of general uneasiness and discomfort, pressure in the head, vertigo, ringing in the ears, spots before the eyes, chilliness, malaise and yawning. The pain is usually intense and is located in the forehead and vertex, but may attack any portion of the head or the back of the neck. After continuing for some time it often settles in one temple or in one eye or in one side of the head. Associated with these headaches we often find disturbance of the digestion, nervous irritability and disquietude. The pulse is generally undisturbed even during the most severe paroxysms, although in some cases it is feeble and small. The pupils are usually contracted and the extremities cold with a sensation of heat in the head.

HEMICRANIA.—This is a severe form of nervous headache due to vaso-motor disturbance, or associated with vaso-motor symptoms. The pain is felt most in the anterior frontal region, it is generally of a continuous character, not intermittent, and may increase to great intensity. Special painful points, such as are often present in neuralgia, are usually absent, but the skin over all of the affected part is generally hyper-æsthetic. The malaise of the premonitory period continues, the sufferer has no appetite, there is often nausea and extreme sensitiveness to external impressions.

According to M. Hervez (Practitioner), "Hemicrania is an arterial neurosis which takes its origin in the great sympathetic nerve, and its seat is in the nervous filaments which accompany the arteries, whilst it manifests itself in the dilatation of these vessels, and in the compression of the brain and other organs it produces."

This form of headache may be divided according to the vaso-motor symptoms into two divisions—"hemi-crania sympatheticus tonica or spastica and hemi-crania sympatheticus paralytica or angio paralytica. In hemicrania spastica first described by Dr. Du Bois Reymond, the forehead and ears on the affected side are pale, the temporal arteries contracted, the pupils often decidedly dilated, the secretion of saliva is increased, in short, there are a whole row of symptoms present which



all agree in pointing to condition of irritation in the sympathetic. In hemiplegia paralytica first described by Mollendorf, also from observations on himself, the face is reddened on the affected side, it feels hot, the temporal arteries are dilated and pulsate strongly. There is sometimes unilateral sweating of the face, the pupil is contracted—all symptoms which can only depend on a paralysis of the sympathetic." (Strumpell). We, however, find that often these opposite conditions alternate or appear at the same time. The origin of the pain remains unexplained, it may arise in the disturbance of the circulation or from pressure of the distended vessels upon the nerve trunks.

(To be continued.)

## REPORT OF PROGRESS IN EYE AND EAR DISEASES.

BY

F. F. CASSEDAY, M.D.

CASE of swollen optic disc in which the sheath of the optic nerve was incised behind the eyeball. (Dr. Brudewell Carter, *British Medical Journal*, March 26th, 1887).—A young lady sought advice on November 18th, last, on account of impaired sight of her left eye and headache, these symptoms being of ten days' duration. The left optic disc was much swollen and the eye was blind on the temporal half of its field of vision. Patient was in the National Hospital for epilepsy under Dr. Johnson and myself. Iodide of sodium and mercurial inunction was used. She speedily became mercurialized, but her condition did not improve. Hæmorrhages and patches of exudation appeared in the swelling. On December 28th, Mr. Carter divided the external rectus and exposed the sheath of the optic nerve and gave exit to the contained fluid. The headache was relieved at once and it did not return for a month. The swelling gradually diminished and the field of vision was restored. Mr. Carter pointed out that this operation could be accomplished with certainty and without danger and advised its employment in every case of swelling of optic nerve.

Tissue remedies in diseases of the ear. (Dr. Henry C. Houghton in N. Y. Hom. Med. Soc., 1886).—He directs attention to the tissue remedies in diseases of the ear, as in his practice he has found them very useful.

Calc. phos. he finds of value in scrofulous diseases of children, affecting the bones, or in general debility, malassimilation of even abundant food, in restoration of osseous structure after suppuration, and in de-

laid dentition. Calcareo fluoric in one case of caries of the roof of the auditory meatus gave a new reparative impulse when silicea and calcarea phos. failed to check the disease. Ferrum phos. in acute inflammation of the middle ear, acts better, more promptly, and covers a wider range of cases without symptoms that are characteristic than any other remedy. When inflammation extends to the mastoid cells, and when cerebral complications arise, it is equally effective. It is also indicated in acute catarrh of the middle ear with decided redness of the membrana tympani, beating in the ear; pressive pains relieved by pressure, epistaxis, etc. The suffering is relieved by quite recumbent position and aggravated by sudden or continued motion, especially so the beating. In kali mur., Dr. Houghton believes we have the long-desired remedy for chronic catarrhal inflammation of the middle ear. It reduces swelling of tissue and guards against loss of sub-mercurius dulc., but in cases with radically opposite objective symptoms. When mercurius is indicated the mucous membrane of the pharynx is dark-red, lick secreting a stringy mucus. In kali mur. the mucous membrane is rather paler, thin with multiple adenoid elevations, secreting white tough mucus and a similar secretion is exuded from the posterior nares, causing a subjective symptom of obstruction associated with efforts to dislodge mucus by snuffing or hawking. Kali sulph. is similar to the muriate, but the secretions are yellow and sticky. Kali phos. is indicated in nervous phases of disease or degeneration of tissue, suppuration with dark foetid pus; in deafness of old people with subjective sounds of tinnitus from anæmia; nervous prostration. Magnesium phos. is indicated in spasmodic affections, in neuralgia or otalgia, neuralgic spasm of tensor tympani, earache with toothache; neuralgia following acute otitis.

Medical cure of Glaucoma. (M. Panas).—In a recent communication to the Paris Academy of Medicine, M. Panas formulates a line of treatment for the cure of Glaucoma without operation. It is his opinion that myotics heretofore employed as palliatives may also play the real or curative agents, but to obtain favorable results their use ought to be prolonged. They should in preference be employed in the form of celyria. The formulas employed by M. Panas are a solution of  $\frac{1}{36}$  of a grain of sulphate of eserine to a dram of water or  $\frac{1}{12}$  grain nitrate of pilocarpine. Eserine is always to be placed in the first rank.

Corneal ulcers. (Dr. A. E. Prince, *Peoria Medical Monthly*).—In corneal ulcers the important questions are not whether the ulcers are phagedenic, crescentic, rodent or asthenic, but whether the abscess be Hypopyon or not, but whether it is septic. Where is the source of the inflammation? What is the nature of the micro organism, and what will destroy it? Empirical methods which have been somewhat successful

are now explained by their antiseptic effects. The actual cautery recommended in 1873 by Martinachi has steadily gained in favor. In 1885 Dr. A. Needen reported as his 100 cases tried by the galvano cautery without a single failure to arrest the destructive process and save the eye. The collyrium of atropine is useful in addition where peripatetic perforation exists or is threatened (Serengath generally two grains to the ounce) preferable in a  $\frac{1}{1000}$  bichloride solution, or Panas solution (binodide of mercury  $\frac{3}{4}$  gr., alcohol 5 fluid ounces, water two pints). At the commencement of the treatment the application of a small bag of flax-seed frequently dipped in very hot water is to be recommended for the relief of the pain. An ointment of iodoform (2 % vaseline) will be found very grateful and when the acute stage is passed, yellow oxide of mercury ( $\frac{1}{2}$  of 2 %) ointment may be used at night. Constitutional and hygienic measures are also of primary importance.

Vomiting as a cause of ear trouble. (Mr. Chas. Atkin, *British Medical Journal*, February 12th, 1887).—During a violent fit of vomiting during which some of the contents of the stomach poured out of the nostrils the patient felt as if his right ear became suddenly plugged. He endeavored to ease the dull tickling sensation by inserting his little finger in the external meatus without result. The next morning he was slightly deaf and complained of his voice reverberating in his ear and of a continuous throbbing. Though instructed how to perform Valsalva's method he derived no benefit. He could not force any air into the right ear though he felt it in the left distinctly. Swallowing, yawning, coughing, sneezing sometimes seemed to ease him for a moment or two, but the trouble soon returned. Some time afterwards the left ear became affected in the same way. At this time the right ear appeared to bulge slightly below and around and the sense of having a drop of fluid in the ear seemed to depend on the position of the head. As the patient was dying from abdominal sarcoma no operation was performed for the relief of the deafness which continued to the last.

Injury to the vision by strong sunlight. (Dr. A. D. Williams, *St. Louis Medical and Surgical Journal*, April 1887).—The effect is that of focusing sunlight on an inflammable surface, it will burn. This focusing by the lens a minute portion of the retina at a time. A case recently examined showed a blind spot of only one fourth inch two feet from the eye. When these burns are slight they will heal in time, but when deep they are permanent though limited in extent.

In Dr. Williams' cases the injury has always been permanent, no improvement having been noted.

The effect of excessive illumination upon the eye. (Ed. New York *Medical Record*, February 19, 1887).—The exposure of the eye to in-

tense light has been attended with many curious and unfortunate results. Prof. J. Plateau of the University of Ghent while trying to observe the effects of irritation of the retina gazed steadily at the sun for 20 seconds and the chronic irido-choroiditis which resulted, ended eventually in total blindness. The sun reflector has been known to cause retinitis. Scolomita, ambliophobia and other temporary diseases of a functional character have been frequently noted. A curious epidemic of sun-blindness occurred among a body of laborers engaged in clearing away a mass of snow which obstructed the road between Passanaur and Mleti in the Caucasus. The rays of the sun reflected from the vast stretches of snow on every side produced an intense glare of the light which the eye unaccustomed to could not support without the protection of dark glasses. A few of the strongest were able to work with impunity, but the majority especially the weakly suffered severely in spite of the various devices to protect them from the light. Among seventy strongly-marked cases thirty were so severe that the men were absolutely unable to continue their work or to find their way home. They lay on their faces trying to hide their eyes from the light and crying out from pain. Photophobia was present in all the cases. Hyperæmia of the conjunctiva with more or less injection of the ciliary vessels and even chemosis was found in all severe cases. Recovery was gradual but complete. Dr. Andrews records a case of acute conjunctivitis brought on by exposure of the eyes to a 3,000 candle power electric light. Workmen or others who expose the naked eye to an arc light of great intensity are liable to have conjunctivitis as well as more serious ocular diseases. It is deemed that exposure of the naked eye for only a minute to an arc light of 2,000 candle power will cause conjunctivitis. The violet or orange lights are said to be less injurious than the normal white light. The light of lightning is too transient to cause any injury from simple retinal over-irritation, but cataracts sometimes follow lightning strokes. Glass-blowers suffer from an opacity of the lens brought on by the light, not by the intense radiant heat (148 Fahr.,) to which they are exposed during their work. Among all forms of artificial light the incandescent electric light so far as facts now go is the best. Among 1,100 persons who work by this light, Dr. Andrews has not found a single case of injury. On the other hand many persons testify to the fact that they work longer by it with less fatigue than with gas or oil light. This is due it is found to the steadiness, absence of heat and perhaps the greater proportion of violet rays. Short sighted persons are not particularly benefitted by the use of the incandescent lamp.

*Cocaine Dosage and Cocaine Addiction.*—(DR. D. B. MATTESON, N. Y. *Medical Times*, May, 1887.) Dangerous toxic results (often follow) the

use of cocaine. Drs. Bardet and Myer, assistants of Dujardin-Beaumont anæsthetizing, for experiment their own skin, observed half an hour after the injection dilating pupils and comatose symptoms. One of them fell in a state of vertigo with pallid face and extreme heart weakness. These toxic symptoms followed hypodermic doses not exceeding one third of a grain.

Dr. Zein of Dantzic in 1885 reported a case in which a solution applied to the eye caused pallor and imperfect breathing and said that up to that time seventeen cases had been cited in ophthalmologic literature in which toxic effects followed the use of cocaine. In three by injection and fourteen applied to the eye. Pallor, giddiness, dyspnœa, malaise, apathy, great prostration, tottering gait, difficulty of speech, mental confusion and extraordinary restlessness were symptoms noted in both strong and feeble men and women.

A well known physician of this city gave me his experience with cocaine. Suffering from an attack of otitis media, he used freely by advice of his medical attendant of ten per cent. solution in the ear. It caused flushed faced, quickened pulse and breathing—the former 130—wild look, fixed gaze, hallucinations and delusions, the latter homicidal attempting assault on a near relative, which persisted three hours, followed by decided depression. Knapp noted headache, vertigo, nausea, tottering gait, skin pallor and cold sweat from hypodermic injections of 35 drops of a four per cent. solution and instillation of a few drops of the same in the conjunctive sac.

Dr. Grosholz, of Towyn, England, observed a healthy farmer to whose eye a four per cent. solution, three drops were applied, causing pallor, profound sweating about head and neck, irregular pulse, embarrassed respiration and impending syncope. Stimulant was given but it was several minutes before the pulse became regular and consciousness was regained.

To summarize : Cocaine may give rise to dangerous or even fatal symptoms in doses usually deemed safe. The danger, near and remote, is greatest when given under the skin. It may produce a diseased condition in which the will is prostrated and the patient powerless—a true toxic neurosis, more marked and less hopeful than that from alcohol or opium. Such being my belief I regard Dr. Hammond's statement mistaken, and his conclusions rash and dangerous.

*Nasal Stenosis ; its Effects on the Eye, Ear, Pharynx and Larynx and Brain.*—(Dr. C. A. BUCKLIN, N. Y., *Medical Times*, May 1887.). First conclusion is that specialists as a class take an exceedingly narrow view of their speciality. They ignore in practice, if not in theory, the effects of acute infectious disease upon the mucous membrane of the nose, eye,



ear, pharynx and larynx. The second astounding conclusion is that a granular eye-lid may be treated every other day for four years by the best specialist and the opacity of the cornea resulting from the roughened lid grow worse each day until fingers can no longer be counted at four feet. On the other hand if the diseased condition of the nasal cavity had been recognized and the disease properly treated the granular eye-lid could have been cured in four weeks. Cases which had obstinately refused to improve while under treatment for four years before the nasal cavity received any treatment have been practically cured in four weeks after treating the nose. The third conclusion is that 80 per cent. of all the persons hopelessly deaf have lost their hearing from catarrhal disease of the middle ear which was caused by large tonsils, granular masses in the posterior pharynx or a partial or complete stenosis of the nostrils. During the past twenty years specialists have been giving patients treatment which was not competent even of arresting this disease, although applied at its earliest stages. They have gloriously neglected to do any thing which was a permanent benefit to the patient. The fourth conclusion is that diseases of the pharynx and larynx exclusive of infectious diseases and traumatisms are caused by complete or partial nasal stenosis. The only treatment which can permanently benefit such cases is the complete removal of the nasal obstructions. That nasal stenosis brings about all these results is something which I have been able to demonstrate every day since 1880 by observing innumerable persons, who, notwithstanding all their promises of treatment had been patiently trying for years though never receiving any permanent relief. These patients when the nasal stenosis was properly relieved have received permanent and prompt relief. In one or two cases however I have been unable to make the result satisfactory to patients. In no case have I found it impossible to make the result satisfactory to myself. The two cases referred to above are hysterical subjects. One was a female, the other was one of those unfortunate cases in which a female brain occupies the cranium of a male individual. This last subject manifested those perverted sexual instincts usual in such individuals. The fifth conclusion is that a person having phthisis has a larynx, trachæa, bronchia and lungs which are more susceptible to the effects of mouth breathing than the same organs of those who are not phthisical. The nasal obstruction in such cases should be relieved with the greatest possible rapidity. The patient should not be delayed by a lengthy treatment of his nasal and throat trouble but should be urged to save himself the possible chance of fatal turn in this disease by a speedy removal to a more favorable climate. The principal number I have observed have been of wealthy persons having phthisis, who

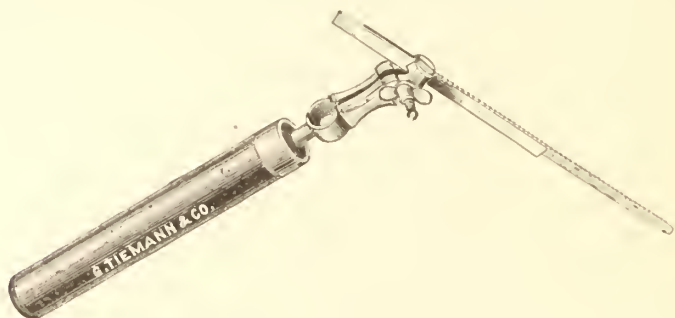
are retained in the city by specialists who delude these unfortunates by allowing them to believe that they are saving their lives by their skillful treatment of their throat affections when the truth that they are dying by inches causes me to shudder. Again these men become so special and view disease from so narrow a standpoint that the encouragement they give this class of patients is sincere. The first condition is where the nasal stenosis is not complete and the greater part of respiration is carried on through the nose, the mouth remaining closed usually. Stenosis of this variety admits a number of forms. The obstruction may be so great at all times as not to admit of drawing inspiration with sufficient rapidity to prevent decide rarefaction in the posterior pharynx and also obstructs its escape during expression sufficiently to cause decided compression of the atmosphere contained in the posterior pharynx. It usually requires but a legitimate use of reason to conclude that under these circumstances there will be severe chronic condition of the mucous membrane of the posterior pharynx and larynx owing to the constant variation above and below the normal pressure of the atmosphere contained within these parts. This chronic condition causes in time true hypertrophy of the tissues which in future years causes the mucous membrane to atrophy. This explains the reason why those who have examined old cases of catarrhal deafness for the purpose of establishing the fact of its dependence upon hypertrophy in the pharynx or obstruction in the nose have failed to demonstrate that such cases have hypertrophy of the pharynx or nasal stenosis. The hypertrophy existed long enough to produce the damage but at the time of examination the process had gone further and caused atrophy of the hypertrophied membranes. These varying conditions enable those who are so disposed to go into rather extended classifications of the different forms of catarrh. The second condition is where the bony stenosis makes the nostril so small that the irritation caused by the slightest change in the weather produces the most annoying symptoms. Such individuals are constantly catching cold in their heads. This amount of hyperæmia in a nostril of upper caliber would occasion no annoyance as there would be sufficient room for the swelling of the mucous membrane without its causing the nasal obstruction. Exostosis and deflection of the bony septum on one side and mal-positions of the turbinated bones on the other side are the causes of bony nasal stenosis. Large masses of hypertrophied tissue and granulations in the posterior pharynx may interfere directly with nasal respiration or like enlarged tonsils act as foreign bodies in the posterior pharynx and cause a chronic condition of the mucous membrane of the pharynx. When stenosis of the nostril is extreme the individual is

known as a mouth-breather. Mouth-breathers irritate their pharangeal and laryngeal troubles by inhaling directly into the larynx cold, dry and dusty atmospheres. How do these conditions effect the eye? Every one has observed that where acute condition of the nasal mucous membrane exists from either infection or atmospheric changes the conjunctiva becomes also red, swollen and congested. Admitting that granular lid is an infectious disease it is usually curable in a few weeks by the intelligent use of sulphate of copper. Occasionally however we meet cases of granulated lids which it will benefit but little if any. The theory of each is to drive the granulation down by the astringent use of copper and (to bring about) tissue changes which its repeated and long continued application will produce. Cases of this description I find have some difficulty in the nasal passages. I believe that the constant irritation communicated to the conjunctiva from the inflamed mucous membrane of the nose through the lachrymal passages explains why it is impossible to treat trachoma with satisfaction until the nose has received attention.

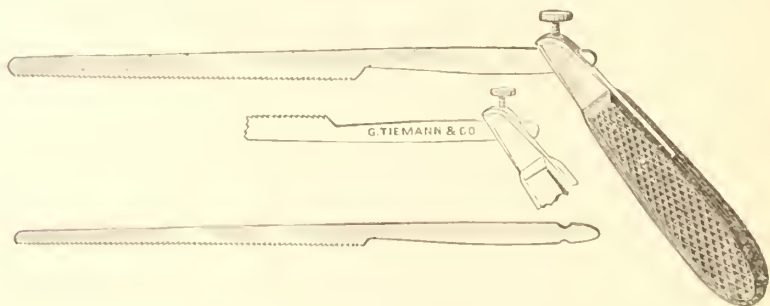
Case one. Mr. L. came to me in 1880. Had tried sulphate of copper and nitrate of silver and grown steadily worse under the treatment. Patient told me he had a badly obstructed nose. That every time he caught cold his eyes were decidedly worse. I thoroughly cleared his nose of all obstructions and in three weeks his granular eyelids did not annoy him and I never heard that he had any return of his trouble.

Case two. Miss C.—had been treated by skilled specialists every second day for four years with copper and silver, and opacity of the cornea continued to grow worse. When I saw her first she could not count fingers further than four feet. The opacity of the cornea rapidly disappeared and in four weeks she considered herself well. Case three and four were two children treated for three months with sulphate of copper. They were not benefited and I removed the nasal obstructions which existed in both children. They improved more in ten days than during the previous three months treatment. How do these conditions affect the ear? Probably in two ways, first by direct and extensive inflammation of the middle ear. Second and more probably the way is that the more swollen condition of the mucous membrane of the pharynx causes the opening of the Eustachean tube to become obstructed in such a manner that the swollen end of the tube acts like a check valve. When we swallow the (air) from the middle ear is virtually exhausted and the swollen mouth is so closed by the vacuum from in the tympanic cavity that a partial vacuum is constantly maintained within this cavity. The larynx and pharynx become affected by direct extension of the inflammation by the rarefaction of the air within the parts from breathing

constantly and directly into the air passages through the mouth colder and drier air, it also receives more foreign substances than the air which is breathed through the nose. I discovered as early as 1880 that in the majority of cases the true cause of the difficulty was the too narrow opening between the bony walls of the nostril. The septum by its reflection or exostosis so encroached on the nostril as to make it



impossible by destruction of the soft tissues by cautery or caustics to obtain permanent respiration. My first attempt to overcome these difficulties was made in 1880 and they were the first thoroughly satisfactory ones ever made. The instrument I used was a No. 10 jeweler's saw clamped in a sheath of metal to give the saw the requisite stiffness; 1 and 1-2 inches of the saw was left free to cut. The middle sheath was firmly clapsed in a pin vise which was driven into an ebony file handle. Seventy-five cents furnished the instrument complete with a



dozen blades. This was found too light for some bony obstructions I met with and this led me to construct a heavier and longer nasal saw manufactured by Tieman & Co. and known as Bucklen's nasal saw. It has two blades which are reversible in the handle. Each blade is 5 1-2 inches long, 3 1-2 inches occupied by teeth 32 to the inch. The saw blades release when pushed and engage when pulled. The cutting side of the teeth stand at right angles to the blade. The teeth are with-

out any set. The lighter blade has a breadth of 1-8th of an inch at the extreme end and increases slightly in breadth from before backwards. When the bone to be removed is very heavy always use the heavy blade if there is room. It has an average breadth of one fourth inch and fits into the same handle. With this saw I can remove any bony obstruction which is detrimental to perfect nasal respiration. The operation by the thorough use of cocaine is made comparatively painless and gives results which are permanent and thoroughly satisfactory. For the removal of granulations and hypertrophy in the posterior pharynx the Jarvis steel wire ecrasseur gives very satisfactory results in most cases.  
Kansas City, Mo.

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## HEALTH IN THE PRIMARY DEPARTMENT OF EDUCATION.

BY

JONATHAN HUNT. M.D.

IN domesticating wild animals it is necessary to study carefully their habits. I am sorry to say that the habits of the beaver are better understood by scientific men than the natural habits of children.

First. It took us nearly a hundred years to learn that "The hand and the eye must be educated together," after the principle was demonstrated in Germany.

Second. Infants look at large objects and they are not ready to learn to read common print at six years of age. It is less than twenty-five years that suitable charts have been introduced into common schools. In connection to this subject "School Blindness" ought to have been studied many years ago.

It is quite possible that if all our reading matter were printed in proper type, more than ten times the additional cost would be saved in cash paid to eye doctors.

Third. The muscles of the eye need careful training. A man may walk over a rough piece of ground and keep his eye on a distant object ; his boy must stop. Say to him, "See that hawk on the dry tree," and he will not take a step while looking. I suggest to teachers a careful consideration of this subject. "Make haste slowly and develop the mind without violence."

Fourth. The muscles do not obey the will. A child, if right-handed, will move his hand to the right of his ideal line ; if left-handed to the left. Notice the young ball players. For each one hundred times the bat "fans the air" it passes under the ball ninety-nine times. Know-



ing these facts it is the business of teachers to "Counteract the symptoms," and develop without violence.

Fifth. Infants think *things* are not words, and when they have but partially learned the use of words they cannot easily think words without saying words. Abstract thought must be slowly developed in order to keep the brain in healthy condition.

In a single article I cannot give all the peculiar habits of the human race, even those which relate only to health, but I will explain what is meant by "cramming," an unphilosophical term, and "pushing the child too fast." It is quite probable that less than one half of the Caucasian race is now developed so that a written language is natural. A few only of our children can get an education from text-books under our best system of teaching. The greater portion must be aided at every step.

A little common-sense might aid us in determining how much we must help the young learner.

The memory must be systematically trained. Every movement of the instructor must be with a view of developing and giving form to the efforts of the child; then the action of the brain would be healthy. To illustrate: A child has from twenty-five to forty words of our irregular orthography to memorize. Word after word is hastily studied until the whole has been conned five or six times. At recitation the child makes a failure and doubles the number of times studying at the next effort. This continues until the child is sick, and there's many a little grave that can tell the remainder of the story.

Saying to a child "Get that lesson," without preparing him by oral instruction, is the act of an inconsiderate person, one who acts from mere habit.

I would as soon pitch a child into a deep pond in order to teach him to swim.

It would not be enough to tell a child six years old how to get a lesson; the teacher must commence by teaching how to remember a single fact, one after another, and finally a group of facts. For instance: A student in translating a sentence from a foreign language would find from his dictionary the first word and then repeat it until he is satisfied he need not be compelled to look up the same word again, then another, and so on until he is master of a clause; this he would firmly fix in his mind, and proceed to the conclusion of a sentence. The child must study his reading lesson in the same way, and this he would certainly do if he but partially masters the irregularities of our orthography while receiving oral instruction. All other branches can be learned in the same way. Further details would be out of place in a medical journal.

If this could be well understood, more than fifty per cent. would be added to the results of teachers' work, and with far less danger to the child. ALL PRIMARY TEACHING SHOULD BE WITH A VIEW OF PREPARING A CHILD FOR HEALTHY SELF-EFFORT.

Physicians should teach parents to watch children of high mental development : if their sleep is natural there is no danger ; if their rest is disturbed and they talk in their sleep they should keep them away from school. Cramming and forcing are unnatural and unhealthy ; true teaching is the systematic art of directing the growing mind.

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### GYNÆCOLOGICAL NOTES.

BY MARY A. BRINKMAN, M.D.

The Results of Unilateral Removal of the Uterine Appendages.—  
(Lawson Tait. *Am. Jour. Obst.*, May, 1887.)

The purpose for which the operation is undertaken must be borne in mind. As in operation for arrest of hemorrhage of a myoma, or of reducing its size it would be futile to remove the appendages of one side only. Actuated by the sound principle that no organ should be removed which is not diseased, T— has not removed the second set of appendages in the varieties of chronic inflammatory mischief in the uterine appendages, where they have been found healthy. T— thinks his conclusions have been at fault and now questions whether it would not be better to advise the complete removal of the uterine appendages in any case where an operation is demanded by the presence of serious diseases on one side only. In Dec. 1884, T— completed his first series of one thousand cases of abdominal section, twenty-seven of these operations were unilateral removal of the appendages on account of chronic inflammatory disease. One died, which limits the number to twenty-six, about one fourth of all the cases operated upon during the period of one thousand cases for chronic inflammatory disease of the uterine appendages. Abscess of ovary, 1. Chronic ovaritis with adhesion, 2. Hemato-salpinx, 4. Hydro-salpinx 4. Pyo-salpinx 15. T— states that he was aware that the commonest cause of pelvic suffering amongst women, matting of pelvic contents with exclusion of tubes and its distension by serum or pus were almost uniformly bilateral, also that hydro-salpinx was almost uniformly symmetrical, but we may find a large pyo-salpinx densely adherent with its corresponding ovary to other organs on one side and a perfectly healthy set of appendages on the other. It was the frequent recurrence of second operations in this class of cases which led him into this special research, the more so as in this

group he met with cases of death from neglect of second operation. T. thinks that hydro-salpinx is occasionally fatal but does not believe its risks great, neither can he think chronic ovaritis with adhesions likely to be fatal. But over the whole group of these diseases the suffering is not in proportion to the risk of life, which is run. He has over and over again removed tubes distended with eight or ten ounces of pus when there has been hardly any pain at all, the symptoms were confined to constitutional disturbance. He cites a case of unilateral pyo-salpinx just on the point of bursting which had not existed more than twelve or fourteen days.

Case I. Adherent ovary, suppurating cavity, operation, miscarriage, three months later she became pregnant immediately and had another miscarriage at four months, followed by irregular menstruation and metrorrhagia. A tender mass has now developed on the right side of the uterus. She will probably require a second operation. Also case II. Case III. Operated on in May, the right side regarded healthy, but in July of the same year removal of the tube was necessary. Case IV. Distension of left tube, removal, patient still suffers, and will probably require a second operation. Case V. Removal of left tube, case since lost sight of. Case VI. Hemato-salpinx of left side, removal. Six months later the right tube was distended, occluded and adhered, removal. Recovery. Case VII. Left tube removed, right healthy, patient went home in November. Now requires a second operation for fluctuating mass on right side. Case VIII. Hydro-salpinx of right side, removal, still suffers. Case IX. Distended tube on left side, removal, still suffers.

Case X. Distension of right tube, removal. Case XI. Left tube distended, adherent, a year later right tube occluded and distended with pus. Removal and recovery. Case XII. A fluctuating mass on the left side could not be removed on account of adhesions. It was opened and drained. The discharge persisted and a year later the cyst was removed. A year after this operation there was evidence that the other side was suppurating, the patient would not submit to another operation and died shortly after. Case XIII. Pyo-salpinx with repeated ruptures. In 1881 the right tube was removed, the left side was regarded as healthy. Peritonitis developed three years after the operation which caused death. Case XIV. Double pyo-salpinx with adhesions too dense for removal. They were opened and drained. The abdominal wound healed but there was a continuous discharge of pus from the vagina which caused death in a few months from exhaustion. Case XV. Pyo-salpinx of left side. Removal, case lost sight of. Case XVI. Pyo-salpinx of left side. Removal. Woman had had several children and

has had two since the operation, and is in perfect health. Case XVII. Suppurative peritonitis from ruptured pyo-salpinx, right tube distended and occluded ; operation in November 1882, in 1883 the woman was in perfect health; she died a few months later from acute peritonitis. Case XVIII. Pyo-salpinx of the right side, removal of the tube and ovary—a large mass has now developed in the left side.

Case XIX. Adherent tube and ovary of left side—she has had one child since the operation. Case XX. Pyo-salpinx of right side—removal of tube and ovary in 1883. Pyo-salpinx of left side developed in 1885 which discharged through the vagina a half-teacupful of pus every two weeks followed by relief of the symptoms. A second operation is demanded. Case XXI. Pyo-salpinx of right tube, removal. She had a child eighteen months after the operation. Case XXIII. Pyo-salpinx of left tube with acute peritonitis—removal, right side healthy, she has not menstruated since the operation but continues in robust health. Case XXIII. Pyo-salpinx of left tube, removal in 1884—the right side is enlarged to size of orange and fixed. From the symptoms the trouble probably dates back to a few weeks after the operation. Case XXIV. Pyo-salpinx of left side, removal. Another abscess formed four months later and the woman died of peritonitis. Case XXV. Pyo-salpinx of right side, removal, patient lost sight of. Case XXVI. Pyo-salpinx of left side, right side healthy, removal, October 1884. The old symptoms returned in 1885. Four only of these cases were single women. Two of these were not virgin. Nearly forty-two per cent. of the married women were sterile, three of the twenty-two became pregnant after the operation. In thirteen of the twenty-two cases unilateral operation was an absolute failure. T— makes a plea for the use of a term for these operations which will not involve personal associations or theoretical conclusions and suggests “Removal of the uterine appendages.” To speak of the removal of a suppurating Fallopian tube as oöphorectomy, spaying or castration he considers nonsensical.

T— is aware that opinions may vary as to the conclusions to be derived from the history of these cases, but from recent experience not mature enough for publication he is strongly impressed in favor of bilateral operations. The patient of course must have the privilege of deciding but he would argue strongly in its favor.

NOTE. T— gives interesting details of the history of these cases which want of space obliges me to omit.

219 West 23rd St. New York.

## BOOK NOTICES.

**NERVOUS DISEASES AND THEIR DIAGNOSIS.**—A Treatise upon the Phenomena Produced by Diseases of the Nervous System, with Especial Reference to the Recognition of their Causes. By H. C. WOOD, M.D., LL.D., Clinical Professor of Nervous Diseases, and Professor of Therapeutics in the University of Pennsylvania, etc. Philadelphia: J. B. Lippincott Company, 1887. 8 vo. Pps. 500. Extra Cloth, \$4.00. Sheep, \$4.50.

Upon almost the opening page of this book we notice a notable departure for the stereotyped method of teaching as set forth in text-books, which must commend it to every practitioner. In all previous works the method has been that of travelling from the lesion to the symptoms, while, following the clinical rule, Dr. Wood travels from the symptoms to the lesion, which in a work intended for the general practitioner, and not for the neurological expert is the most rational and satisfactory method. It is from the symptoms that the lesion is to be diagnosticated and not the symptoms from the lesion. In writing this treatise the author has had a wealth of clinical experience such as falls to the lot of few physicians to draw from; having, with a short exception, been engaged in continuous hospital service for twenty-five years. His observations are practical and to the point, and attest the careful study of the many cases which have passed under his observation. His suggestions regarding diagnosis in nervous diseases, not rarely a difficult matter for the general practitioner, are excellent. The style of the author is remarkably clear and interesting, the latest advances in neurological science are lucidly presented. The publishers have done their part well, and the clear type, excellent press work, combined with the value of the author's work, make this one of the most attractive books we have met recently.

**A PRACTICAL TREATISE ON OBSTETRICS.**—Vol. IV. *Obstetric Operations.* The Pathology of the Puerperium. By A. CHARPENTIER, M.D., Paris. Illustrated with lithographic plates and wood engravings. This is also Vol. IV. of the "Cyclopedia of Obstetrics and Gynæcology" (12 vols.), issued monthly during 1887. Price of the set \$16.50. New York: Wm. Wood & Co.

The fourth volume of the Cyclopedia of Obstetrics and Gynæcology brings to a conclusion Professor Charpentier's notable work on obstetrics, and is equal in interest and merit to those which have preceded it. The opening chapter deals with version, internal and external. This is an interesting and valuable chapter from which it appears that version has been practised from the earliest times. As between version and the forceps, the author believes "whenever then there is room for choice, we much prefer the forceps to version." The subject of forceps and other appliances used in obstetrical operations is exhaustively treated. The latter portion of the book, the Pathology of the Puerperium, treats of the pathogeny of puerperal fever; forms of the disease; puerperal metritis; metrorrhœmia; putrid infection; purulent infection; puerperal septicæmia; puerperal diphtheria; phlegmasia alba dolens; sudden death in the puerperal state; pathological anatomy; prognosis and



treatment ; prophylactic and curative ; thus completing a very thorough and practical treatise on obstetrics.

**ANÆMIA.**—By FREDERICK P. HENRY, M.D., Professor of Clinical Medicine in the Philadelphia Polyclinic, etc. Reprinted from the Polyclinic. Philadelphia : P. Blakiston, Son & Co., No. 1012 Walnut Street, 1887. Pps. 135. Price 75c.

Anæmia under its various forms is so common a complaint that it is somewhat surprising that this is the first systematic treatise on anæmia in this country. The statements contained in this little work are mostly based on the personal experience of the author. A fact largely due to the want of a trustworthy guide to a large and growing field of research, a want which the author has experienced and which has led to the publication of this volume. The author divides anæmia into three classes, Primary or Essential—that is those forms that are associated with diseases of the cytogenic organs, or with congenital malformations of the vascular system. Secondary or Symptomatic, those associated with affections of non-cytogenic organs which interferes with nutrition ; and Toxanæmia due to the destructive effect of toxic substances upon the blood corpuscles. Under the first division are grouped chlorosis, lymphatic anæmia, splenic anæmia, leucocythemia and pernicious anæmia, which includes all that are usually classed as anæmia. As in the other divisions the anæmia is merely symptomatic of a graver disorder. It is a valuable contribution to the study of this condition and will repay careful reading.

**MODERN DOMESTIC MEDICINE.**—A Plain and Practical Hand-Book, Describing Simple Diseases, Their Causes, Prevention, and Safe Home Treatment ; the Earliest Signs that a Physician is Needed, and the Procedure till the Doctor Arrives in all Emergencies. By HENRY G. HANCHETT, M. D., Member of the New York County Medical Society, etc. Issued after careful revision by A. H. Laidlaw, A. M., M. D. New York : Charles T. Hurlburt, 1887. 12 mo. Pps. 400. Cloth, \$1.75.

On general principles we should say that there was no room for a work on domestic medicine ; that the field was fully occupied, but that possibly if, "much virtue in an if," the right work were to be written it might find a place. The work under consideration has numerous merits, it is elementary, it implies no previous knowledge of disease or of medicine. It gives full and explicit directions for preparing and applying a poultice, foment, or any other appliances directed. It is modern, reflecting the medical views of to-day. It is domestic, intended strictly for use in the household. It is complete, covering the common diseases and emergencies of the family. As a demerit, it is somewhat diffuse and the author goes out of his way to discuss matters that are out of a place in a work on domestic medicine, as his remarks upon alcohol and tobacco. It is not a perfect work on domestic medicine, which yet remains to be written, but it is a practical, reliable guide to health in the household, and as such should have a large sale.

**SEXUAL HEALTH.**—A Companion to "Modern Domestic Medicine." A Plain and Practical Guide for the People in All Matters Concern-

ing the Organs of Reproduction, in Both Sexes and All Ages. By HENRY G. HANCHETT, M. D., Member of the New York County Medical Society. Issued after careful revision by A. H. Laidlaw, A. M., M. D. New York : Charles T. Hurlburt, 1887. 12 mo. Flexible Cloth, 50c.

The above work consists of chapters which would properly form a part of the author's "Modern Domestic Medicine," but are printed and bound separately that purchasers may consult their own opinions as to the use of these pages. The author believes it to be decidedly in the interest of both health and morality that such instruction as these pages contain should be earnestly impressed upon the minds of the young ; but by adopting the plan of separate publication he puts it within the power of those who differ from him to use his "Domestic," freely as a family and household guide, while yet giving or withholding as they please the instructions on this most important subject.

THE AMERICAN SYSTEMS OF GYNÆCOLOGY AND OBSTETRICS.—Messrs. Lea Bros. & Co., in announcing to the profession that this enterprise, which has been long and carefully elaborated, is so near completion that the first volume can be promised early in July, to be followed by the remainder at intervals of six months.

The subjects treated are those which American medicine has made peculiarly its own, and in which it has won its greatest triumphs. It is therefore evident that the work should be distinctly American, not only as a proper tribute to American achievement, but because the practical tendency of the American mind has introduced methods of treatment that cannot be looked for in the writings of foreign authors.

No expense will be spared in presenting the systems in a dress becoming to works of so great importance. The arts of both the engraver and chromo-lithographer will be generously employed wherever illustrations will really serve to elucidate the text, but no space will be occupied by superfluous pictures. Each volume will be copiously indexed, and the final volume of each system will contain a general index to the entire subject.

A full descriptive pamphlet will be sent on application.

"THE OPEN COURT" is the title of a fortnightly journal published in Chicago by the Open Court Publishing Company, under the editorship of B. F. Underwood and Sara A. Underwood. It is devoted to the work of establishing ethics and religion upon a scientific basis. The discussion of religious and moral questions from a liberal, scientific stand-point. Among the contributors are Richard A. Proctor, Moncure D. Conway, Felix L. Oswald, Rev. John W. Chadwick, W. L. Garrison, Jr., and others equally well known as the most accomplished writers and deepest thinkers of to-day. The editor, B. F. Underwood, has long been favorably known as a ripe scholar, an earnest student, and a comprehensive thinker. In its typography and make up, as well as in its contents, it is very attractive and without a peer as a journal for thinking people.

WHAT TO DO TO SAVE YOUR TEETH FROM DECAYING.—By W. I. THAYER, D. D. S., M. D. Published by the author. Price 50c. Those who have read the contributions of the Doctor to the columns of the

*American Homœopathist*, under the heading of dental items, know that he always has something to say, and that too in an original manner. In the little book before us, he has something to say upon how to save the teeth from decaying, and to save dental bills, and an amount of other information upon other topics, the titles of which we have not space to quote. If our readers will send for the book they will find it will be worth to them many times its cost in the information given concerning the preservation (and particularly with children) for the teeth.

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#### ABSTRACTS.

*WHAT to do in Cases of Poisoning.*—By William Murrell, M.D., F. R. C. P.—*Aconite—How Taken.*—A very active and deadly poison. The plant Monkshood, Wolfsbane, or Blue Rocket (*Aconitum Napellus*), found growing in every cottage garden—all parts poisonous. Root often mistaken for horse-radish, and the leaves have been eaten in salad. In one case aconite root was drooped from a Pickford's van passing through the streets! Tincture has been mistaken for a cordial. Fleming's tincture might easily be mistaken for sherry; was on one occasion mistaken for flavored spirit. Symptoms of poisoning from inhaling the dust in powdering. Death from use of "Neuraline," and other applications for neuralgia. Aconite liniment taken instead of medicine. Overdose of strong tincture taken "for a cold." May be used for purposes of suicide or for murder. Aconitine pills are sold by an American firm, and used largely in treatment of neuralgia, etc.

*Symptoms.*—Warmth at pit of stomach, tingling of mouth, lips, and tongue, feeling of constriction of throat, deglutition frequent, tingling spreads all over body, numbness at tips of fingers, and loss of sensibility, nausea, and often vomiting, but may be absent. Loss of sensation, deafness, dimness of sight. Paralysis first of lower, then of upper, extremities. Pulse reduced in strength and frequency, then irregular, and finally almost imperceptible. Respirations shallow, feeble, infrequent. May be convulsions, but as a rule no delirium, and no coma. Pupils generally dilated, but may be contracted if no convulsions. Prostration very great, but mind clear to the last, often with fear of approaching death. Cold clammy perspirations toward the end, and often death quite suddenly, after some slight exertion, as attempting to sit up.

*Fatal Dose.*—Death, after taking a drachm of the tincture, also from merely tasting Fleming's tincture. Recovery after taking three drachms of Fleming's tincture. Fleming's tincture is six times as strong as the B. P. solution.

*Treatment.*—1. Stomach-pump or emetic of mustard (a tablespoonful of the powder in water), or of sulphate of zinc (a scruple in water), or of ipecacuanha wine (two tablespoonsfuls in water), or a hypodermic injection of apomorphine (5 minims of the B. P. solution).

2. Stimulants freely, brandy, spirits of chloroform, or sal volatile. If not retained by the stomach, to be well diluted and injected into the rectum, or subcutaneously.

3. Atropine. Give a hypodermic injection of gr. 1-50 of atropine (2

minims of the 1 in 100 solution), or four drops of solution of sulphate of atropine, or twenty drops of tincture of belladonna, by mouth or rectum. Be guided by pulse, and if it improves, repeat the dose in a quarter of an hour.

4. Warmth. Apply warmth to extremities by hot towels and hot-water bottles. Friction with the warm hand. Massage (*Brit. Med. Jour.*, May 15, 1886). Mustard poultice or mustard leaf over the heart.

5. Keep the patient strictly in the recumbent position.

6. Digitalis. If no improvement, give a hypodermic injection of gr. .001 of digitaline, or twenty minims of tincture of digitalis, repeating it in twenty minutes if the pulse improves.

7. Nitrate of Amyl. Inhalations of nitrate of amyl.

8. Artificial respiration for two hours if necessary.

*Aconite and Belladonna.—How Taken.*—This combination might be taken for suicidal purposes. More frequently a liniment is taken by mistake.

*Symptoms.*—Would depend much on the relative proportion of the two drugs. Must not be forgotten that belladonna to some extent antagonizes aconite. Probable that symptoms would be the same as in aconite poisoning, but failure of heart's action would not be so marked, the pupils would be dilated and the skin would be dry, with perhaps a rash resembling scarlet fever. Delirium might be present.

*Treatment.*—1. Stomach-pump or emetic of mustard (a tablespoonful of the powder in water), or of sulphate of zinc (a scruple in water), or of ipecacuanha wine (two tablespoonfuls in water), or a hypodermic injection of apomorphine (5 minims of B. P. solution).

2. Stimulants freely, brandy, spirits of chloroform, or sal volatile. If not retained, dilute and inject into rectum.

3. Warmth to extremities by hot towels, or hot-water bottles. Friction with the warm hand. Massage. Mustard leaf or mustard poultice over the heart.

4. Keep the patient in the recumbent position.

5. Nitrate of Amyl. Inhalations of nitrate amyl.

6. Artificial respiration for two hours if necessary.

*Aconite and Morphine.—How Taken.*—Not a common combination. Might be taken for suicidal purposes, or in a liniment by mistake.

*Symptoms.*—Would probably be those of aconite poisoning, with coma and contracted pupils.

*Treatment.*—Stomach-pump or emetic of mustard (a tablespoonful or more of the powder in water), or of sulphate of zinc (twenty grains or more in water), or of ipecacuanha wine (an ounce in water), or a hypodermic injection of apomorphine (one of the tabloids).

2. Rousing. Flap patient with a wet towel, especially about the chest, and over the region of the heart. Give him ammonia and chloric ether freely. Keep him in the recumbent position and do not attempt to walk him about.

3. Warmth to the extremities by hot towels, or hot-water bottles. Friction with the warm hand. Massage.

4. Atropine. A hypodermic injection of gr. 1-50 of sulphate of atropine (2 minims in the 1 in 100 solution), or, if not at hand, 4 minims of the solution of sulphate of atropine, or twenty minims of

tincture of belladonna by mouth or rectum. If any improvement repeat the dose in a quarter of an hour.

5. Coffee. An enema of a pint of hot, strong coffee.
6. Nitrate of Amyl. Inhalations of nitrate of amyl.
7. Battery. Interrupted current to extremities.
8. Artificial respiration to be maintained for two hours if necessary.

*Aconitia*—*Aconitine*—Usually described as an alkaloid obtained from *Aconitum Napellus* or Monkshood, but much of our English Aconite is in all probability extracted from *A. ferox*, the Indian Aconite.

Commercial aconitine is not a simple substance, but a mixture of several alkaloids, including aconitine, pseudaconitine, and picracontine. It is generally stated that English Aconitia is at least seventeen times as active as the German, the French being intermediate in power; but this classification into English, French, and German is unreliable and unscientific. It is said that Merck's aconitine is thirty times as active as Friedlander's, while Petit's is eight times as active as Merck's. This is a matter of some importance, for the substitution of one kind for another might give rise to serious results. See *British Medical Journal*, April 15th, 1882.

For symptoms and treatment, see *Aconite*.

*Alcohol*.—*How Taken*.—Usually for a wager or from bravado. Vapor of alcohol may cause death. "Absolute alcohol" is alcohol free from water; "proof spirit" is a mixture of spirit and water, containing 49.24 per cent. of alcohol, *i. e.*, half and half; every half per cent. of alcohol above this corresponds to one degree over-proof; "methylated spirit" is spirit mixed with ten per cent. of wood naphtha. Percentage of alcohol in some common alcoholic drinks:—Brandy 53, Rum 53, Whisky 53—54, Gin 51, Port 20—25, Sherry 15—19, Burgundy 13—14, Claret 10—17, Hock 8—10, Strong ale 6, Stout 4, Small beer 1. For complete list, see table in Wood's *Therapeutics*, 3rd edition, p. 694.

*Symptoms*.—Usually appear at once, at all events within an hour. Confusion of thought, giddiness, inability to stand or walk, tottering gait, vacant expression, face flushed but may be pale, conjunctivæ congested, lips livid, breath alcoholic, skin covered with sweat, pupils dilated and fixed, but may be contracted, convulsions, stupor, coma, and death. Remission of symptoms not uncommon, with death quite suddenly some hours, or even days, after apparent recovery.

*Diagnosis*. Often difficult. Most likely to be confounded with apoplexy, concussion of brain, or opium poisoning. History of case and examination of head for marks of violence may help you. Odor of breath and of contents of stomach also a guide. In poisoning by alcohol face usually flushed and pupils dilated; in opium poisoning face usually pale, and pupils contracted, but to this many exceptions. Excitement would be in favor of alcohol; remissions rare in opium poisoning. Not at all uncommon to find concussion or even fracture of the skull in conjunction with poisoning by alcohol. Laudanum frequently taken in porter or stout. If in doubt act on supposition that you are dealing with a case of serious injury. Hesitate before sending away a man who is intoxicated; "drunk or dying" is a difficult problem.

*Fatal Dose*.—Adult; death from half a pint of gin, also from two bottles of port. Recovery from quart of gin; also from quart of



whiskey; from two bottles of port; from pint and a half of mixed gin and brandy. Child; death from half a pint of gin, from quarter of rum, and from two ounces of gin. Recovery from three ounces of rum.

*Treatment*.—1. Stomach-pump or emetic of apomorphine (5 minims of the 1 in 50 solution hypodermically), or of mustard (a tablespoonful of the powder in water), or of sulphate of zinc (a scruple in water), or of ipecacuanha wine (two tablespoonsfuls in water).

2. If patient insensible rouse him in every way, make him walk about, flap him with wet end of towel, shout at him, pinch him, and apply battery (interrupted current) to legs. Massage.

3. Coffee. Give him hot strong coffee (a pint) by mouth or enema.

4. The cold douche, a jug of water being steadily poured over the head from a height from time to time. The alternate hot and cold douche is useful.

5. Nitrate of Amyl. Inhalations of ammonia or nitrate of amyl.

In ordinary cases of drunkenness, such as are found in the casualty room of the hospital every Saturday night, a hypodermic injection of apomorphine with, if necessary, the cold douche should be tried.

*Almonds, Essential Oil of*—*Oil of Bitter Almonds*.—Contains from ten to fifteen per cent. of hydrocyanic acid; *i. e.*, from five to eight times as strong as the prussic acid of the pharmacopœia.

Death from 17 drops; recovery after 4 drachms.

For symptoms and treatment, see prussic acid.

*Almond Flavor*—*Spirits of Almonds*—*Essence of Peach Kernels*.—Consists of one part of essential oil of almonds and seven of spirits. About the same strength as prussic acid, and largely used by cooks for flavoring pastry, blanc mange, etc. Found in every kitchen.

Death from 30 drops; poisoning in a child from eating tapioca pudding flavored with it.

For symptoms and treatment, see prussic acid.

*Ammonia*—*Liquor Ammonie*—*Spirits of Hartshorn*.—*How taken*.—Mistaken for sal volatile. In liniments, *e. g.*, linimentum camphoræ compositum and Linimentum ammoniæ. Indiscriminate use in cases of fainting, especially when too strong a solution applied to the nose. The strong solution of ammonia—liquor ammoniæ fortior—is three times as strong as the solution of ammonia—liquor ammoniæ.

*Symptoms*.—Usually at once, burning pain in mouth, throat, chest and stomach; patient in great agony, lips and tongue swollen, red and glazed and covered with pieces of detached epithelium. Suffocative cough, violent dyspnœa, vomiting with copious discharge of salivary fluid mixed with blood. Face pale and anxious, eyes small, haggard and injected. Pulse slow, limbs cold. Irritation of larynx, lungs and air-passages; voice reduced to a whisper or even lost. Death at once, or not till some days after, from affection of throat and air-passages.

Merely inhaling vapor may cause violent dyspnœa, cough and irritation of larynx.

*Diagnosis*.—Not difficult. Sudden onset of the symptoms, smell of ammonia in breath, white fumes with rod dipped in hydrochloric acid.

*Fatal Dose*.—Two drachms of the strong solution may prove fatal, half an ounce usually fatal, but recovery recorded after an ounce had been taken.

*Treatment.*—1. Vinegar freely diluted with water. Lemon or orange juice, given freely. Acetic acid or any other acid if diluted with large quantities of water. Toilet vinegar may be used. If power of swallowing lost, inhalation of acetic-acid or vinegar from pocket-handkerchief.

2. Demulcent drinks such as white of egg and water, milk, barley water, arrowroot, etc., olive oil.

*DISEASES of the Heart Resulting from Over-exertion.*—Leyden publishes an exhaustive article under this title in the *Zeitschrift für klinische Medicin*. It has been recognized by many writers that diseases of the heart may be produced by muscular strain, as also by mental excitement or great emotion. The author quotes extensively from the literature of the subject and speaks particularly of the "overstrain of the heart," as described by J. Seitz. Some distinguished authorities, however, claim that such a thing as the tiring or exhaustion of a heart, the muscular substance of which is perfectly healthy, can not exist. Leyden has been convinced from an extensive experience, not only of its existence, but that it is frequently a cause of many threatening cardiac symptoms.

Too often, as a result of our modern methods of physical examination, the pathological condition is called the disease, while no attention is paid to the manner in which it was produced. Thus, "dilatation of the heart" is denominated the primary affection, whereas it is but the effect. Following the rational method of studying them, Leyden forms three groups of diseases of the heart due to over-exertion of the body :

1. Sclerosis of the aorta, aneurism of the aorta, arterio-sclerosis.
2. Insufficiency and rupture of the aortic valves.
3. The true "cardiac overstrain" of Seitz, in which the valves remain quite intact, and the muscle substance is but little or not at all affected.

As regards the first two classes, Leyden says it is probable that severe labor is often a cause of arterio-sclerosis. It is certain that it frequently produces aneurism. And that insufficiency of the aortic valves is often suddenly effected by violent muscular exertion is proved by numerous cases in medical literature, from which he quotes several very interesting instances. But he devotes attention particularly to the third class, and reports a series of instructive cases, from which he draws the following conclusions :

The symptoms of "cardiac overstrain" develop either suddenly or more gradually in individuals who have put forth violent exertion throughout a longer or short time, or in those who have employed perhaps only moderate bodily exercise, while convalescing from some slight disease (DaCosta). We can recognize two stages :

*First stage :* Cardiac erethism. The symptoms are at first scarcely noticeable. The patient becomes easily tired, suffers some shortness of breath on exertion, and perhaps some pain about the heart, with palpitation. Of objective symptoms, the first to be observed is :

(a) A change in the character of the pulse, which becomes more rapid, especially after exercise, and at the same time irregular. This combination (delirium cordis) is present either constantly or at times in nearly all cases.

(b) An increased heart's impulse is another symptom, sometimes associated with the "gallop rhythm" described by Frankel. The origin and indication of this peculiar phenomenon are not fully understood. It certainly occurs only in weak conditions of the heart.

(c) When the affection is advancing, tremor cordis develops itself. This symptom, recognizable to the hand as a peculiar trembling, undulating impulse, is caused by a succession of very rapid incomplete contractions.

*Second stage* : Cardiac dilatation. The symptoms of this stage are :

(a) Dilatation of the Heart. This, when present, can be usually although not always detected. The position of the apex beat, when perceptible, is the best criterion for the existence of dilatation of the left ventricle.

(b) Auscultatory Symptoms. The heart tones are usually clear, and either strong or weak. Sometimes the "gallop rhythm" is to be heard. Occasionally a systolic murmur is audible at the apex, due probably to a relative insufficiency of the mitral valve.

(c) Functional Disturbances connected with Weakness of the Heart. These include the symptoms of the first stage intensified. They are : Increased dyspnoea amounting even to orthopnoea ; a great sense of pressure ; attacks of pain in the cardiac region resembling often angina pectoris ; total incapability for bodily or mental labor ; cerebral symptoms, as vertigo and fainting (these may also occur in the first stage) ; disturbances of digestion which constitute symptoms of grave prognostic import, and disturbances of circulation similar to those seen in valvular affections, and prominent among these œdema.

A *third or terminal stage* of the disease exists, characterized by extreme weakness of the heart muscle. A systolic or cardiac insufficiency is developed, with its attending symptoms ; as cyanosis, suppression of urine, collapse, etc., and finally coma, ending in death. This stage seldom lasts long. It may, indeed, be so short that we speak of "sudden death."

As to prognosis and termination, the disease is always a serious affection, yet it can usually be arrested during the first stage, and complete or partial recovery takes place. Sometimes, however, symptoms of the greatest danger to life arise before any perceptible dilatation is reached.

In the second stage the tendency of the disease is to a fatal termination ; either rapidly or after lasting for years. Temporary improvement may repeatedly take place, and the dilatation even be reduced in amount. Sometimes the disease appears to begin with the second stage. In other cases an individual after violent exertion suffers at once from the symptoms of the terminal stage of heart overstrain, and dies after a short time.

The autopsy of all of Leyden's fatal cases revealed dilatation of the heart, especially of the left ventricle, together with a globular widening of the apex. The other organs showed the ordinary results of passive congestion. The heart muscle was sometimes thinner than normal, especially at the apex, and frequently exhibited tendinous patches. It was often microscopically quite intact, but not infrequently had undergone slight fatty or fibrinous degeneration in the layer just beneath the endothelium. Since this was never of a degree sufficient to account for

the presence of dilatation by assuming that there had occurred earlier some myocarditis, Leyden believes the dilatation is due to a simple stretching of the previously healthy muscle, caused by the greatly increased arterial pressure following violent muscular action.

This over-exertion of the body may be the only acting cause, or it may be combined with others. Such, for example, are other diseases of the heart already existing, especially affections of the aortic valves. Leyden reports an interesting example of its combination with stenosis of the aortic orifice. Arterio-sclerosis, particularly as represented by contracted kidney, may also cooperate with bodily over-exertion to produce a dilated heart.

A series of other etiological influences, which of themselves are sufficient to produce cardiac weakness or erethism, will even more certainly secure results injurious to the heart, when combined with overstrain of the body. They are the abuse of alcoholic drinks; "fat heart" (the weak heart produced by corpulency); the previous occurrence of acute diseases; anæmia or chlorosis; advancing years, and finally mental agitation and excitement of the passions. These latter might be called "psychical overstrain," since they produce the two most prominent symptoms following corporeal strain, namely, arrhythmia and dilatation of the heart. We may also distinguish the two stages, that of cardiac erethism and that of cardiac dilatation. Leyden has observed instances of serious injury to the heart arising from a combination of psychical and corporeal overstrain.

An unusual group of cases, instances of which the author relates, differ considerably from those already described. Over-exertion of mind or body is the cause, but the symptoms consist in attacks of fainting, general weakness, and a very marked retardation of the pulse rate to forty, thirty, or fewer beats per minute. This latter symptom is the most prominent one, and frequently persists after the others have disappeared.

The treatment must be directed against the cause. All over-exertion is to be avoided; and even absolute rest in bed is often necessary. The diet must be nourishing and stimulating, and it is of the highest importance that dyspepsia, if present, be removed. Of drugs, by far the most useful is digitalis. Its beneficial action is to be judged by its diminishing dyspnœa, producing diuresis, and strengthening the systole; not by its retarding the rapid pulse rate. This is not always to be sought after, and its occurrence is an indication that the desired action of the drug upon the heart has been overstepped. Its employment is contra-indicated in excessive cardiac weakness, and in very rapid or very slow pulse-rate. When administered, use rather large doses for one to three weeks, and then stop for a time, as it loses its effect. Helleborine, caffeine, strophanthine, and convallaria are similar to digitalis in their effect, but inferior to it.

Narcotics often can not be dispensed with, in order to give rest for some hours to patients suffering great pain or oppression, but they must be used with care. Tonics are sometimes beneficial—extract of coca among others. Cheerfulness is to be cultivated. Change of scene and air (but not to salt air) are useful.

Various "cures" have been recommended for chronic diseases of the

heart. The milk cure, used by Russian physicians, is not favored by Leyden. Salt baths or iron baths, as recommended by Scholz, and others, may be beneficial. Massage and gymnastics of a suitable kind have been much praised, and would perhaps be of use if employed in proper cases. He is opposed to the "heart gymnastics" of Oertel, on the ground that they are either inefficient or injurious.

As a supplement to his paper, Leyden publishes a personal communication from Diecherhoff, professor at the veterinary school in Berlin, regarding the diseases of the heart occurring in horses after over-exertion. There may be produced an enlargement *in toto*, hypertrophy with dilatation, and various lesions of the valves. They are most frequently observed in horses used for rapid travelling, since the greatest and most prolonged strain is experienced by them.—*Am. Jour. Med. Sciences.*

### ITEMS.

Young Student Physician (*to charity patient*).—I—I think you must have a—a—some kind of a—fever; but—our class has only gone as far as convulsions. I'll come in again in a week.—*Puck.*

There is probably no more popular member of the American Institute than the gentleman chosen for presiding officer for the coming year, and yet the possibility of his election became very scant when it was publicly asserted that he was born in New Jersey. It was explained by Dr. Dowling, however, that the misfortune of Dr. Cowperthwaite was the result of chance. That his mother was merely visiting at Long Branch.

There was a very happy uniformity of opinion when the American Institute of Homœopathy, assembled for the selection of officers for the ensuing year and the election of each was accomplished with hardly a dissenting vote. The result is as follows: President, Dr. A. C. Cowperthwaite, Iowa City, Ia.; Vice President, Dr. N. Schneider, Cleveland, O.; Secretary, Dr. Pemberton Dudley, Phila.; Treasurer, Dr. Kellogg, New York.

A suspicion that there is a difference between merely getting food down into the stomach and its digestion, is abroad; and that a tablespoonful of milk and Mellin's Food which is digested, is really better for the patient than a beef-steak which simply passes through the alimentary canal. To supply to the much-tried organism that which it really requires is to give the most efficient help to it." *Manual of Dietetics.* J. Milner Fothergill, M.D., Edin.

In *Scribner's Magazine* for July, Prof. D. A. Sargent, M. D., of Harvard College, who is perhaps the best authority in this country on the general subject of Athletics, published as the fruit of many years' practical experience, his first extended article in that field, under the title "The Physical Proportions of the Typical Man." In it Professor Sargent gives a standard of physical measurement, based on the measurement of ten thousand individuals. This furnishes a basis of comparison by which any person can gauge his proportions with those of the typical man. The article contains charts for this purpose, founded on these observations.



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It has been reserved for a minister of our acquaintance to put the medical profession to shame and to discover a specific for all diseases. As disease is the result of the omnipresent bacteria, that which destroys the bacteria, would, of course, destroy disease. Hence, as Persian Insect Powder is death to "bugs" it is death to disease. So armed with a bottle of this powder he is prepared to bid defiance to any and all forms of disease. He can relate quite a marvelous list of cures.

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To give verisimilitude to a pleasing story, the author of the following interesting case should have added a thimble and a few spools of cotton.

A girl of fourteen to fifteen years of age swallowed a paper of steel needles seven years ago, from which no serious consequences appeared, but a few weeks since, while Miss N——, in full health and cheerful spirits, was embracing her mother, and fondly pressing her to her bosom, she caused her to exclaim: "Oh! dear, you prick me," and lo! behold, when Miss N—— released her mother, a needle was discovered protruding from under her finger-nail. It came out shortly and entirely, followed at brief intervals, by many other needles, making up almost the entire contents of the package she had swallowed seven years before, and without experiencing any inconvenience or pain. The most remarkable fact in this phenomenon is that the needles were not even oxidized. They have been sent to the Academy of Sciences.—*Translated from the Courrier Des Etats-Unis.*

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In an article upon the influence of altitude upon phthisis, the *Lancet* has opened up a question which possesses remarkable interest concerning the treatment of febrile diseases. As has already been stated, that while the influence of latitude upon phthisis is scarcely appreciable, that of altitude is most striking. While there have been many attempts made to explain this action, it may be said that no satisfactory explanation has yet been suggested. The specific organism of this disease, the

bacillus tuberculosis, has an established identity, and the disease must be ranked among the special infections, and its aggravation or arrest must depend upon the fertility or sterility of the microbe to which it is due. Pasteur has shown in his researches on the poison of splenic fever, that this disease can never be taken by fowls; "in vain they are inoculated with a considerable quantity of splenic blood." "Now, the temperature of birds being between  $106^{\circ}$  and  $108^{\circ}$ , may it not be," said Pasteur, "that the fowls are protected from the disease because their blood is too warm? A hen was taken, and after inoculating it with splenic fever blood, it was cooled down to  $100^{\circ}$ . At the end of twenty-four hours the hen was dead. Again, a hen was inoculated, subjected like the first to cooling, and when the fever was at its height it was wrapped in cotton-wool and placed in an oven at  $95^{\circ}$ . In a few hours it was fully restored to health. Hens killed after being thus saved no longer showed the slightest trace of splenic organisms." Thus it is proved that the microbe of one of the most virulent diseases reaches its condition of highest life and greatest reproduction in blood at a temperature of about  $100^{\circ}$ , but that in the same blood at  $107^{\circ}$  it ceases to exist. Presumably, then, if the subjects of some forms of bacterial infection should survive a proportionate elevation of temperature, they too would overcome the poison.

The question here arises, are there any conditions in which the blood of a living man can be made to assume the molecular action equivalent to a temperature of  $105^{\circ}$  while the animal heat remains at  $98^{\circ}$ ? Clearly such is quite possible by diminishing atmospheric pressure while the temperature remains fixed. We know that it would be quite impossible to boil water at the sea level with  $199^{\circ}$  of heat, but that if the water be removed to St. Gothard, 6,808 feet high, boiling will at once take place. Professor Thomson, in his opening address at the British Association, said: "It is scarcely possible to help anticipating in idea the arrival at a complete theory of matter, in which all its properties will be seen to be merely attributes of motion." It is already accepted that the only difference between the liquid and the gaseous states is that of molecular motion. Consequently, if  $199^{\circ}$  of heat can make water boil at St. Gothard, it is apparent that this temperature can there produce an amount of molecular motion which not less than  $212^{\circ}$  could excite at the sea level. Further, as  $199^{\circ}$  is to  $211^{\circ}$  so is  $98.4^{\circ}$  to  $104.8^{\circ}$ ; therefore the rate of molecular motion to which a temperature of  $98.4^{\circ}$  would give rise at St. Gothard could only be attained at the sea level as the result of a temperature of  $104.8^{\circ}$ . Professor Clifford has shown that "the energy of the single particles is always proportional to the temperature of the gas," provided the pressure remains unaltered. Consequently,

since the condition of every organism is but the aggregate of its ultimate atoms, if a man whose temperature at the sea level is  $98.4^{\circ}$  be removed to St. Gothard, it is evident that both the gaseous and liquid molecules in his blood must attain a rate of motion corresponding to what would have been produced at sea level by a temperature of  $104.8^{\circ}$ . But the experiment of Pasteur has demonstrated that the optimum temperature of certain infecting organisms is about  $100^{\circ}$ , and that when the vibration-rates equivalent to  $106^{\circ}$  or  $107^{\circ}$  are communicated to their constituent molecules, disorganization follows. Hence it is intelligible that, if a consumptive patient whose temperature at sea level is  $98.4^{\circ}$  be raised to an elevation of 6,000 feet, such alteration of molecular motion will take place in the blood as to be incompatible with the healthy existence and effectual reproduction of the tubercular microbe ; in fact, the patient will be placed in the position of the bird to the splenic fever poison. If this reasoning be sound, wide is the vista with regard to the epidemic levels of yellow fever, malaria, cholera, etc., which it must open up, and strange the possibilities which might result from the artificial production of the required conditions.

And further, this tends to prove also the theory that the high temperature attendant upon the entrance of the microbe in the blood is the attempt of the organism to overcome and destroy the disturbing material. That the fever does not result from the presence of the microbe, but from the effort of the system to effect its destruction—a new proof of the soundness of an old theory.

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## ON TREATMENT OF CROUPOUS-PNEUMONIA.

BY PROF. OSCAR FRAENTZEL, BERLIN.

Translated by PROF. S. LILIENTHAL.

THERE is no higher authority in Germany than Prof. Fraentzel in the treatment of pulmonary and cardiac affections, and when such a man acknowledges the poverty of the therapeutics of the dominant and domineering school, it is time for us to ponder whether it is worth while for some of the members, who once swore allegiance to homœopathy, to become rather lukewarm and aim at a union with them, when strict adherence to our great law is sure to give us the victory. Let them come over to us, let them acknowledge that *similia similibus curantur* (positive *curantur* and not a mere *curentur*) is a law in therapeutics, though there be other ones indicated once and awhile, and we will be willing to adopt them.

Let us hear what Prof. Fraentzel has to say (*All. Med. Central-Zeitung*, 47 and 48, 1887).

The remarkable change which therapeutics has experienced in the last thirty years proves clearly that the whole genius epidemicus of pneumonia has changed. Thirty years ago Schoenbein ordered a venesection for every case of pneumonia, whereas in Vienna they leaned already to an indifferent treatment. In both places they gloried in their successes. During the fifties Traube thought that a pneumonia in summer differs from one in the winter. During the former venesections are not well borne, whereas in winter they hasten the crisis. But gradually they were cast aside everywhere, and still one may be indicated to-day, where in a case of most extensive pneumonia we meet great dyspnœa, deep cyanosis, dulness of the mind in consequence of carbonic acid poisoning, and the radial arteries are found tense and narrow. Death is threatening, and our only safety lies in an immediate venesection. During the flow of the blood the arteries dilate already, their tension diminishes, the dyspnœa visibly decreases. Only 250 grammes of blood flowed and still this small quantity suffices to bring on a decided amelioration. Digitalis is not advisable as it fails to act in severe gastric disturbances and in diarrhœa, complications too often found in pneumonia. Its cumulative action speaks against it, as thus it may produce collapse.

To cut the disease short, Traube and Fraentzel tried infusion of jaborandi (at that time pilocarpin was unknown) to produce profuse perspiration, but the crisis did not always set in after the perspiration, but grave symptoms appeared, and they had to be thankful if they saved the life of their patients.

Now we hope that we will find a specificum for the bacillus which will either prevent the entrance of this micro-organismus into the lungs or has the power to destroy it after its entrance. Let us hope !

Antimonium tartarisatum was long ago discarded, but the antipyretica from quinine to salol are now the fashion. They all reduce the temperature but cause collapse, but not the shadow of a proof can be shown that they ever showed the least influence on the morbid process ; and their injurious action is evident, and it is high time to stop their evil action, especially in pneumonia, where we fear the collapse produced by cardiac debility. Mild cases of pneumonia are only disturbed in their course by antipyretics, and in severe cases they hasten the lethal issue.

I am just as much opposed to the use of cold baths, recommended by Jurgensen, though I used them formerly. In light cases which get well alone they only cause aggravation, and in severe cases the danger increases by their use. If a patient with pneumonia recovers under

their use he got well in spite of them. Even the application of an ice-bladder for the severe pleuritic pains cannot be recommended as it irritates to cough and may even increase the pleuritis. I prefer inunctions with warm oil, warm moist compresses and small hypodermic injections of morphia.

My treatment consists in absolute rest in bed, fluid nourishment, milk, beef-tea, where there is great thirst, a light lemonade, for medicinal use, a saturatio citrica, one gramme acidum phosphoricum or nitricum to 120 grammes decoction althæ. For the first few days I hardly ever allow wine, for I believe with Traube that in affections of the respiratory organs alcoholica are not well borne.

Where in potators deliria set in already during the first day, wine or whiskey in not too large doses cannot be withheld and chloral to produce sleep. I give 8 grammes chloral hydrate to 120, begin with two tablespoonfuls and continue one tablespoonful every hour till the patient becomes calm or falls asleep.

In insomnia with fever-deliria morphia subcutaneously acts well, and most promptly in deliria from inanition. For most patients the danger begins on the fifth day; breathing becomes difficult, expectoration stops, stertor sets in, the pulse frequent and small. Now is the time for camphor and benzoe, 0.1 to 0.15 per dose, for valerian, castoreum, moschus, and larger doses of wine, white or red wine. Cham-pagne is not good on account of the carbonic acid it contains. Potators may have whiskey in small quantities, but wine is better borne. For the diarrhœa I try bismuthum hydrico-nitricum or Dover's powders. Expectoration failed in my hands, especially the liquor ammonii anisatus. As pneumonic patients have no appetite it is no use to force solid food on them.

Just in such severe cases of pneumonia, when Fraentzel in despair puts his last hope on the delusive musk and castoreum, two remedies so much dreaded by the family of the patient, as they know it to be the forerunner of the death-certificate, the physician of our school gives hopefully yet his *antimonium tartarisatum* which has snatched many a patient from the brink of the grave. All these symptoms of the fifth day: dyspnœa, interrupted expectoration, stertor, and adynamia are found in the pathogenesis of this drug, and charcoal may be relied upon to fan the waning powers of life, and thus may ward off a threatening paralysis pulmonum. The weakened heart is strengthened to carry on its life-function by our own *phosphorus*, which is the great tonic for the (venous) heart and lungs, just as our arsenic tones up the left arterial heart. We fear pneumonia in psoric and broken-down constitutions, but we feel encouraged even in ominous cases. Here in senile pneu-



monia or in that of toppers *opium* is to us not only the benumbing poison, but the antidote to the carbonic acid which oppresses the brain and thus gives speedy relief where such is still possible. We do not need opium for the severity of the pleuritic pains, for we possess better means in our bryonia, cactus, kali-iod. and cantharis. For a hepatic pneumonia how chelidonium, lycopodium, and other hepatic remedies loom up to stop that venous stagnation and thus scatter the pulmonary stasis. Really just in pneumonia homœopathy has gained the grand cross of merit, and for years statistics proved homœopathic treatment to be the sheet-anchor on that disease. S. L.

San Francisco, Cal.

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## HEADACHE.

BY B. F. UNDERWOOD.

NEURALGIC HEADACHE.—As a variety of nervous headache, neuralgic headache may be considered in this connection. This, like hemi-crania, usually affects one side of the head and face, or locates in one more or less circumscribed spot, causing a sensation as though a nail were being driven into the brain. It frequently proceeds from some local cause of irritation, as a decayed tooth, or it may result from fatigue, excitement, worry, from gastric irritation, or from cold or exposure. In some cases the disease is intermittent in character, recurring at regular intervals, or at certain periods. In other cases the attacks occur irregularly. The true neuralgic headache seldom extends over the whole head, or produces sickness or vomiting unless the attack has lasted long and is very severe. "I should limit its strict definition to the intensity of the suffering, and its superficial seat; to the paroxysmal character of the pain, and its extension in the course of the superior branch of the fifth nerve, and those filaments which supply the orbit, inner angle of the eye and forehead."—(Day.) The pain in some cases seems to extend through the head from front to back, or to pass through the eye or the temple and emerge at the back of the head, and in some instances through the neck or extremities. The pain being described as being similar to a hot rod or wire passing through the brain. Numbness and tingling in various parts of the body or limbs often accompanies the pains. Nausea and vomiting, when present, follow the pain, and are the result, not the cause, and do not relieve as in reflex headache. Although the retching may be severe, there is vomited only a little frothy mucus.

As neuralgic headaches are frequently the result of anæmic condi-

tions, often arising from mental strain or overwork, attention to the environment of the patient is requisite, and rest and a nourishing diet are important adjuvants to treatment.

**REFLEX HEADACHE.**—Reflex or symptomatic headache is another variety of nervous headache. The exciting cause of which is an irritation of the nervous system often remote from the seat of the pain. It may be in the stomach, as in the so-called bilious headache, or in the uterus in the menstrual headache. It may be doubted if the uterine or gastric irritation would be sufficient to produce the headache if the abnormal sensitiveness of the nervous centres were absent, for uterine, gastric or other irritations may exist without any cephalic disturbance whatever. An explanation of this morbid susceptibility of the nervous system to the irritant in these cases is lacking. At certain times and under certain circumstances this susceptibility becomes more marked, so that headache will follow upon trifling derangement of the general system. A frequent source of this form of headache, and one often overlooked, is eye-strain, due to a disorder of accommodation or an insufficiency of one of the ocular muscles. It is usually frontal, or in the region of the eye. The pain is increased by the use of the eyes, and, in the beginning, follows upon excessive use of the eyes, as after an evening spent at the theatre or exposure to bright light, although it later often appears apparently spontaneously. In many cases there will be found characteristic symptoms, chronic irritation of the conjunctiva, with intense redness and velvety appearance of the mucous membrane and of the tarsus, which greatly assists in the diagnosis.

**DYSPEPTIC HEADACHE** has its origin in imperfect digestion and arises either in the stomach or in the duodenum. The pain comes on in the morning after a hearty meal, or after drinking too much wine. The pain is of a continued shooting character, which may be diffused over the whole forehead and top of the head, or concentrated into a small spot, if diffused. If diffused, the head feels hot and burning, the face is flushed, with throbbing of the temporal arteries. The pain is aggravated by motion or heat, which produces nausea, and the attack finally culminates in a fit of vomiting, which is followed by heat and a cessation of the pain. The duration of the attack is variable; in light cases lasting only a few hours, while the severe form may continue for several days, changing during its course from a bilious to a nervous, or from a nervous to a bilious headache.

The following indications have been given as diagnostic of the seat of the irritation in reflex headache :

I. When the pain is located between the ears at the occiput, below the lambdoidal suture, the gastro-digestive apparatus, the auto-

matic centers of life and the sexual organs will be the seat of disturbance.

II. When the pain is located in the region of the parietal bone, from the coronal to the lambdoidal suture, and from the squamous suture to the superior outline of the parietal eminence, the duodenum and small intestines will be the seat of disturbance.

III. When the pain is located in the forehead, from the coronal suture to the superciliary ridges below, and within the temporal ridges on either side, the large intestines will be the seat of disturbance.

IV. When the pain is located below the superciliary ridges, including the upper eyelids, to the external angular processes on either side, the nasal passages and buccal cavity will be the seat of disturbance.

V. When the pain is located in the temporal fossa, from the squamous suture to the zygoma below, and from the temporal ridge to the mastoid process, the brain and meninges will be the seat of disturbance.

VI. When the pain is located at the vertex, from the coronal suture and two inches posterior to it in the median line, and two inches on either side of that extent, in the female the uterus, and in the male the bladder, will be the seat of disturbance.

**TOXIC HEADACHE.**—Headache due to the absorption by the system of a poison, are merely a symptom of a general disease to which treatment should be directed. The most common forms are those arising from alcoholic, narcotic, uræmic, or malarial poisoning, in which the symptoms will vary according to the poison absorbed. When due to alcoholic poisoning the headache is usually associated with gastric disturbance, and resembles a gastric headache.

In the malarial form the pain occurs in paroxysms, having more or less regular intervals, usually intense and developing at certain hours about one of the supra orbital foramen. The pain continues for some hours, often of great intensity, and accompanied in some instances with fever, sweat, and other symptoms of malarial poisoning.

In nervous persons excessive indulgence in tea or coffee will frequently give rise to severe headaches, which may be often temporarily relieved by a cup of strong tea, but which continually recur, presenting the symptoms of a nervous headache, and which can only be permanently relieved by a total abstinence from these substances.

**RHEUMATIC HEADACHE.**—This form of headache, which is usually associated with the rheumatic diathesis, affects the fibrous tissue of the scalp, and the occipito-frontalis muscle. It is characterized by an aching pain, and heavy and continuous tenderness of the scalp and jaws. There may be aching pain in the teeth, which often become tender so that mastication is painful. The face is sometimes flushed, but the temper-

ature of the scalp is unaltered and the temporal arteries do not throb, although the vessels of the head and face are distended. In some cases the pain is paroxysmal and hemicranial, especially affecting the forehead and vertex, from whence it radiates in various directions. It is increased toward evening and before a storm, growing less toward morning, so that the days are more comfortable than the nights.

Diet plays an important part in the treatment of this form of headache, and should be of a character adapted to the rheumatic tendency. The food should consist of fresh vegetables, fruits and milk in preference to animal food, and all liquors, except a little dry wine, should be avoided.

**CATARRHAL HEADACHE.**—This form of headache is due to a sub-acute inflammation of the mucous membrane of the nasal cavity and the frontal sinus, with swelling and dryness of the membrane. The pain is located in the lower portion of the forehead and in the root of the nose. It varies from a dull aching to intense shooting and burning pains, which radiate to the side and top of the head. It usually begins in the morning on awakening, and continues through the day with aggravation from motion. The brain is dull and heavy, with a disinclination for any mental or physical labor. If the pain is severe there may be some disturbance of the stomach, which, however, never amounts to vomiting. The mucous membrane of the nasal cavity is dry and burning. The attack may last from a few hours to several days, passing away with sneezing or profuse discharge from the nose.

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## AN INTRODUCTION TO THE STUDY OF MATERIA MEDICA.

BY WM. E. LEONARD.

*Continued from page 268.*

I venture to predict, in harmony with the reputed view of Dr. W. H. Holcombe, and from what I read of the marvellous cures by *natrum muriaticum* in Dr. J. Compton Bennett's monograph, and of like substances elsewhere, that the future true progress of our *materia medica* will not be made in partial provings of rarely indicated vegetable medicines, but in thorough provings of substances in every day use as food or condiments, nature's combinations of natural aliments.

The much-ridiculed principle of Hahnemann potentization, or dilution, has served to make known to medicine many of its most powerful agents. Conservative allopathy still belittles this as the "extraordinary principle of Hahnemann," and annihilates the idea in the following [article, "medicine," as above quoted]: "It is hardly necessary to point

out that even the lower dilutions involve quantities which no analysis can weigh, measure, or even recognize."

As if all property of matter to effect the delicate human organism in disease must of necessity come under the cognizance of one of our five senses! When will we look beyond materialism to account for vital phenomena? However, the most progressive men of the old school, at least in America, are beginning to find uses for finely-divided doses, and the druggists, who virtually own the old school profession, are making "granules," or "pilules," of  $\frac{1}{1000}$  of a grain each.

Third. In use, the old school materia medica differs from the new in its tendency to polypharmacy—the curse of the centuries, hindering medical progress more than any one thing. Homœopathy deals with simples, or their known compounds or derivatives, and, when practiced rightly, never mixes medicines. Professor S. H. Jones, of Ann Arbor, ranks this definite knowledge of, and belief in, the action of each individual remedy as one of the "Grounds of a Homœopathic Faith."

This is the only method of practice by which the "science of therapeutics" can be advanced. Hering said: "If the school ever gives up the strict inductive method of Hahnemann we are lost, and deserve only to be mentioned as a caricature in the history of medicine."

It is not the destruction of the homœopathic school, so-called, that we should fear, but the loss of a truth to the medical world, a loss necessarily entailed by a departure from the "strict inductive method of Hahnemann." Gradually down through decades of future time, the "little heaven will leaven the whole lump;" then will the mission of homœopathy as such be ended.

This brief glance at the position our study occupies in relation to old school medicine, and to medicine in general, seems proper by way of introduction. I have purposely avoided any discussion of the theories of the action of homœopathic medicines, inasmuch as I have not considered the matter as I think it deserves. In the meantime, the facts seem to me sufficiently well stated by Hering when he declares that drugs are applied by the law of similars, but they cure while acting by the law of contraria.

Now for the classification of the subject matter in hand. We learn that 460 years B.C., in the time of Hippocrates, 265 drugs comprised the materia medica. Now the list comprises in almost exact numbers 1,300 drugs. This list is one compiled by Dr. Henry M. Smith, of New York, being a list of all medicines mentioned in the homœopathic literature of his medical library, which is undoubtedly the most complete homœopathic library in the world.

Of these 1,300 medicines, 828 are to be found as proven in "Allen's



Encyclopedia." I have carefully classified these 828 under their natural scientific orders and find them distributed as follows, in the three great kingdoms :

I. Animal Kingdom.....	61
II. Mineral Kingdom.....	193
III. Vegetable Kingdom.....	567
IV. Nosodes .....	7
Total.....	<hr/> 828

This is the general order in which I would undertake the study of materia medica; grouping the medicines as far as practical under natural sub-orders, classes or families, and endeavoring to associate them in memory by their family or class of characteristics.

The attempt to study 828 drugs seems at first sight futile and well-nigh impossible, and so it will be in the brief term of lectures which I hope to give you. My task will be simply to introduce to you the most important drugs, and perhaps not all of them, and leave you to complete and round out your knowledge as the years of practice go by.

Do not I beg of you let your knowledge of one of the grandest sciences known to man—materia medica—be limited in the future by what you may personally and individually come to know by experience, nor by what you may read in the journals, nor by what you may learn "by rote"—valuable and necessary as much of that learning will prove.

To be sure, certain "symptoms that belong to no other remedy" (characteristics) must be committed to memory, but attempting to know in this way all the symptoms of a drug is like acquiring a foreign language by learning its dictionary from beginning to end. Nor would this, were it possible, secure us ease and accuracy in prescribing, which should be our one aim in the study of materia medica, since we never make use of the whole range of symptoms, but of peculiar combinations of a small portion of them, the individual's symptoms, not those of the disease alone.

Nor is it sufficient to know the characteristics alone. Dr. Hering said :

"The homœopathic physician who knows little more than the characteristics of a few polychrest medicines, with the addition perhaps of a few other scraps of knowledge, which he himself has picked up—one-legged stools, on which we may turn ourselves hither and thither, but which fall to the ground if not sat on by one with two legs—the homœopathic physician who knows no more than this, is like a bad chess player, who knows only one or two methods of giving check-mate, which he has

learned from studying the fag ends of games played by celebrated players, together with a few other modes he has discovered himself.

"The master of the game commands all pieces in every situation ; he shows his skill even when check-mated, and, properly speaking, he never loses."

To the attainment of this mastery of materia medica, gentlemen, you will have to bring all the mental powers in your possession, all the training of a lifetime thus far, and all the acumen of the coming years of vigor and experience.

Dunham deemed seven years the length of the old legal apprenticeship to learn a trade ; none too long for the acquirement of our science in systematic mental labor. To those who possess the aptitude and time in the future—say in the early years of your practice when time is the most common commodity on hand, and patients are few !—I recommend your careful reading of Dunham's "*Homœopathy the Science of Therapeutics*," as containing the best outlines I know of for systematic study.

However, we cannot all be Dunhams or Herings. If I succeed in impressing you with the grandeur of the study and start you aright in it, my purpose is accomplished.

*Every true homœopathic prescriber is a student of materia medica all his life.*

Let us further preface our work with a brief glossary of terms peculiar to our study.

*Disease*, or a pathological condition, is "sick physiology."

*Materia Medica* is a true science, treating of the uses and relations of the drugs used in healing the sick.

A *Symptom* is "an expression of a perverted function, or of a changed tissue." There are, therefore, as many symptoms as there are molecules that go to make up the tissues.

Symptoms are of two kinds, *viz* : Subjective and Objective.

*Subjective* as such as the patient experiences and describes, as "a pain in the left temporal region as if a nail were driven into the skull."

*Objective* as those conditions or changes observed by the physician by the use of "any of his" five senses. Only by taking the "totality of the symptoms," as Hahnemann directs, can we discover the peculiar or characteristic symptoms which point to the remedy. A few of these are grand characteristics, *i. e.*, belong to no other remedy as under causticum. "The stool passes better standing."

But usually a characteristic symptom expresses a complex pathological state, and is only the result of long and careful study and observation.

Most of the "key-notes" of Dr. H. N. Guernsey are of this kind, as we shall have occasion to notice frequently.

An *Indicative* symptom is one that points the way through this labyrinth to the characteristic, for instance, "numbness of the left arm, tingling of the fingers," would lead us to think of (being indicative of) a certain class of remedies as cactus and the ranunculacea (aconite, actea, puls, etc.), but other accompanying conditions must decide for the remedy.

The relations of remedies is a most important and too much neglected matter. We shall have occasion to use the following terms : Family resemblance, or kinship, as noticed in the animal poisons, certain botanical families, etc. Such medicines, *i. e.*, those having a similar origin, rarely follow each other well. It is like the marriage of near relations, the result is not good. An example is found in the ophidians, nux and ignatia, etc.

*Analogous.* Medicines having a different origin, but which resemble each other in many symptoms may be termed analogues. Nearly all the comparisons in the text-books are of this kind ; such medicines follow each other well ; *e. g.* : bryonia and rhus, of different botanical origin, but enough alike to be like close friends.

A few relations have been found in sensitive patients which may be termed inimical. Such drugs do not follow each other well, especially in acute disease ; *e. g.* : Nux and zinc, china and selenium, apis and rhus, merc. and silica, caust. and phos.

And there has been found a fifth relationship termed complementary, as bell. and calc-c. Bell. will cure three-fifths of the symptoms, and calc-c. the remaining two-fifths. This is often true of lach. and lyc. and acon. and sulph.

Another relation made prominent in all text-books, and often essential to know in practice, is that of antidotes, in which the drugs act in opposite directions ; *i. g.* : Asaf. after abuse of mercury, or hepar.

Our knowledge of the materia medica is yet incomplete in all these particulars. Much remains to be developed concerning the relations of drugs.

I shall endeavor to present only such facts as admit of little controversy.

A few other peculiar terms need definition.

*Polycrest.* A term applied to medicines known to all the tissues of the body, those whose action is practically unlimited in extent ; *e. g.* : sulphur ("the mighty polycrest"), phosphorus, arsenicum, veratrum album, etc., etc.

*Antipsoric* applies to a class of remedies found by Hahnemann and

many of his followers to be antidotal to the scrofulous and chronic (indescribable protean) miasms which infect our race, all those not syphilitic or sycotic.

Minneapolis, Minn.

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## REPORT OF PROGRESS IN EYE AND EAR DISEASES.

BY F. F. CASSEDAY, M.D.

A CASE of Poisoning by Duboisine (Mr. Chas. M. Chadwick, *British Medical Journal*).—On July 13th, H. J. H., aged 75, consulted Mr. T. Pridgin Teall with reference to his eyes. H. J. H. is suffering from slow-forming senile cataract, and on several occasions atrophine has been used for purposes of examination. On this occasion, however, two discs, each containing 1/200th grain of sulphate of duboisine, were placed in the eyes. Very shortly afterwards the patient complained of slight giddiness, became very fidgety, and was advised to remain sitting. In about 20 minutes, the pupils being fairly but not fully dilated, the necessary examination took place, H. H. standing during the proceeding. A few minutes later he experienced a decided sense of weakness and loss of control over the legs; great dryness of the mouth, with exceedingly bitter taste. Fancying, however, that fresh air would do him good, he refused to remain, and elected to walk home. He had not gone far before it was evident that persons in the street regarded him as decidedly under the influence of liquor. His speech became husky and indistinct; he walked, talked and behaved like one slightly intoxicated. Later, when at home, the symptoms progressed: Complete inability to stand without assistance; but he recognized the position of objects, partly due, no doubt, to paralyzed condition, but also due to visual hallucination. For example, the patient would suddenly sit on the ground, imagining a chair were ready to receive him; drop a glass in mid-air, instead of placing it on the table; grasp in the air above his head for his watch, which had been taken from him. With difficulty he was put to bed, competent attendants being necessary to keep him quiet. There was incessant movement, with carphology; suspicious way of scanning beneath the bed-clothes and behind the bed. A few moments when left by himself sufficed for the whole room to be upset. Towels, brushes and shoes were placed in the bed, boots on the table; and this entertainment ended by falling on the floor, whence he was unable to raise himself without assistance. This incessant activity was accompanied by a flow of words, sentences strung together without any

apparent connection, a return of memory to things which happened years ago, uttered in an air of fun and humor—the symptoms of childishness rather than any attempt at violence. The pulse was slow, the patient entirely ignorant of what was the matter with him ; imagined it was quite dark when it was a bright summer afternoon. Four hours after the commencement a small injection of morphine was given to the patient and he became quieter. Three hours later he obtained an hour's quiet sleep, and, after some nourishment, three hours' sleep, after which his mind appeared quite clear again. He was entirely unconscious of all that had happened. A feeling of weight in the head and a general upset condition lasted for several days. The urine before and after was normal. Eight cases reported by Mr. Nettleship in 1879 would appear to indicate that children bear belladonna better than adults, and that advancing years increase the susceptibility to the drug. It is liable in time to result in that condition of atrophy and degeneration which is popularly known as softening of the brain. This belladonna poisoning, which resembles so closely alcoholism and epileptic delirium in most of its symptoms, have given outbursts of violence, so frequently destructive to life and so invariably succeeded by entire ignorance of the deed, perhaps of the ghastliest description, which render the medico-legal aspect of so many criminal cases so profoundly interesting.

The Connection between Ocular and Nasal Diseases (Dr. B. Bittman, *Chicago Medical Journal*, March, 1887).—The source of many pathological conditions in the eyes and the lids is to be found in the nose. Thus epiphora of both eyes is entirely developed without direct treatment on treating the œdematous condition of the turbinated bones. Removal of nasal polypi has also healed an excessive flood of tears with pain in the eyes. In any case, whenever the eyes were exposed to a glare of light, sneezing came on. An examination showed swelling of both nostrils. Cocaine applied to the nostril on pledgets of cotton arrested the photophobia. The usual application is made by means of galvano-cautery.

Artificial Cornea (Dr. R. Martin, *Ophthalmic Review*, 1886).—Numerous operations have been performed to substitute the cornea of a rabbit for an opaque human cornea, but so far never with success. Either the transplanted cornea has sloughed or it has become opaque. Nussbaum tried the effect of inserting a glass cornea, but without success, since it could not be retained. This operation proceeds upon a different plan. The globe is rotated to about 45 degrees by division of one rectus and advancement of the opening. A trocar and a small gold canula are thrust through the sclerotic and brought forward. The trocar is with-



drawn, but the canula is left in the eye and the conjunctiva is left over it. When the conjunctival injection is arrested the membrane is destroyed over the canula with a galvano-cautery and the little conical glass is inserted measuring two millimeters in length and one in width. Its wider or external end is inserted. This is to admit and refract rays of light. The operation has only been practiced on eyes that were too much disorganized for a visual improvement to be expected. But the tolerance of the eye to the instrument the author considers to be held to be established.

Even if the operation can be shown to be free from danger, it seems quite improbable that it will prove of any practical utility.

The Careless Selection of Concave Glasses. (Dr. S. D. Risley, *Medical and Surgical Reporter* June 4th, 1887). The history of the following case is briefly related as a protest against the unscientific selection by young persons with the aid of badly informed tradesmen of concave glasses for the correction of and relief of supposed Myopia. A. B., a bright intelligent lad aged 14, was brought to me because of his failing vision and constant headache. Conjunctivæ were injected. The Carunculæ were swollen and the tarsal borders scaly and thickened. After using his eyes a few moments profuse lachrymation commenced with increased headache. The pain was felt most severely in the brow and temples but it also radiated to the vertex and occiput. He was wearing both for reading and distant vision  $-2.50D.$  over each eye which he had received at the hands of a dealer. With this  $V = \frac{20}{LXXXX}$  and without them equals  $\frac{2}{cc}$ . Jr-no. 2 could be read with difficulty at 8 feet but blurred if brought nearer. Ophthalmoscope revealed the following conditions: In either eye the ground was of an intense flannel red presenting a woolly appearance, the normal stippling being lost. In the lower part of the ground and in the crescentic area embracing the outer half of the nerve in both eyes there was commencing pigment absorption. The ground could be readily studied with ( $-1 \times D$ ). He was directed to use a solution of sulphate of hyoscyamine two grains to two ounces. One drop to be used in each eye three times daily. In 24 hours vision  $= \frac{20}{30}$  without glasses. On the fourth day the condition of the eyes was greatly improved and he received the following formula for convex glasses O.D.  $X + 50s$  cy. ax. hor. O.S.  $+ 1.50s$  cy. ax. 90. With this vision  $= \frac{20}{xx}$ .

His headache disappeared with the first instillation of the hyoscyamine solution and did not return. Before the influence of the Mydriatic had abated the conjunctival and other symptoms had also disappeared. Many persons really needing convex glasses to relieve

the eye strain consequent upon the low grades of Hyperopia with Astigmatism, will left to their own judgment select near sighted glasses and thus multiply their eye strain by the glasses selected. Where the aid of convex glasses is needed, but little if any harm is liable to follow their use even though they may not correct the existing defect which makes them a necessity ; but in near sighted eyes with their progressing pathological conditions and the gradual distension of the eye ball the case is far different, and the optician is no more justified in furnishing glasses to such cases than has the druggist in prescribing for the physical ailments of his customers.

Granular Conjunctivitis. (Dr. F. H. Foster, Paper before Ill. Hom. Med. Ass.) Jequerity or licorice bean, a native of Brazil, was introduced into this country a little over four years ago as a new remedy for the relief of trachoma. The most favorable cases for the Jequerity treatment are where the granulations are of long standing two or three years or more and the cornea is covered with a dense vascular Pannus. Care should be taken that the remedy is not applied too strong or the dose repeated too often. A one per cent. or even weaker solution will produce the characteristic inflammation and after that has once been induced no further application should be made.

Case 1. Jno W., aged 24, had granulated lids for ten years, left eye the worst. Vision consisted of ability to count fingers at 8 ft. The upper lids were covered thickly with granulations and the Pannus over the cornea was so dense as to obscure all clear view of the iris. A one per cent. solution of Jequerity was applied to the granulations and repeated in eight hours. 12 hours later the lids were swollen red and the characteristic croupous deposit could be seen on the palpebral conjunctiva. Lachrymation rather copious but no pain. On the second day a profuse discharge commenced which lasted eight days. As that diminished the cornea cleared preceptibly. At the end of three weeks vision in left eye was  $\frac{22}{100}$ , in the right eye  $\frac{20}{70}$ . At the end of another month it measured  $\frac{20}{100}$  in the left and  $\frac{20}{40}$  in the right. There was no recurrence of the disease.

Case 2. Trachoma with Pannus. Vision =  $\frac{22}{100}$ , considerable pain and photophobia. At the end of two weeks vision =  $\frac{20}{80}$ . At the end of four weeks vision =  $\frac{20}{30}$ . When the cornea is clear and transparent the Jequerity treatment is not indicated. In such case boracic acid has done excellent service. It is applied freely on the mucous surface of the everted lid with a camel's hair brush, a sufficient quantity being applied to completely cover the exposed surface. It may be applied once or twice a day or every other day as the case may demand. When

boracic acid is applied to a swollen or granular tissue it produces a serous discharge which lasts several minutes. Miss L., aged 25, had trachoma in both eyes. On the right cornea there was a large excavated senile ulcer. On left cornea a small infiltrated spot about the size of a pin head. At the end of six weeks daily applications for two weeks and then every other day for four weeks cured the case. The granulations had disappeared and the corneal infiltrations had been absorbed and vision =  $\frac{20}{20}$ .

## DENTAL ITEMS IN TISSUE BUILDING.

BY W. IRVING THAYER, D.D.S., M.D.

IT is the fashion now to hunt up some new bug, some microbe, some bacillus of tuberculosis, the bacilli of septicæmia, malaria, even unto acute 'itis of some kind, all tending—with or without reason—to support the theory of the causation of diseases by a bug, micro-organisms, and forgetting that without due care and attention to the teeth, that ere long, even the "bug" will not have wherewith to feed itself, especially in and upon the teeth.

The writer has had the privilege of studying and caring for the teeth of different individuals since the spring of 1852 and has been painfully aware that every new crop of human beings that come into this mundane sphere have softer, frailer teeth, than those who preceded them. These teeth were not made soft and effeminate by microbes or any other "bug"—though the bugs are present—but they, the teeth, have been starved into any thing but healthy, normal dental tissues. Starved, I say; and in almost every family in the country; especially in town and city life. This is not a strained statement, but a plain and truthful account of existing facts. Is it well to have this condition of affairs? If not, is there a remedy? Not in a day, or month, hardly years. Never, in many cases.

Every physiologist knows that there is a constant destruction of tissue going on throughout the body, and that this waste must be provided for. Hence, hunger demanding food, which is digested, absorbed and appropriated by the needy tissues. If they do not get their wants supplied they die from inanition. Starved out! Let me say again, tautologically, the teeth have been and are being starved out!

The teeth, in a gross analysis, are found to be composed of two important substances, to wit: soft-solids and calcareous salts. It is understood that we are speaking of the hard tissues of tooth construction, and not of internal pulp arrangements.

The soft-solids in enamel. Note—I speak of enamel as having soft-solids, as there is really protoplasm found in the enamel rods—dentine and cementum, are as necessary in the tooth formation as are the lime-salts which are found therein. These soft-solids change what would otherwise be simply inorganic earthy basis—which would not be tolerated by living tissues found in the alveoli—into an organized living and acceptable dense texture—teeth.

Therefore, we find it necessary to have these two substances in tooth structure, that is, the soft-solids and calcareous salts. It must follow that some definite arrangement of these constituent parts must be observed if we are to have the best results, the best teeth. Any departure from a perfect standard is pathological.

Now, we find some teeth so dense that they rarely ever decay and almost never need to be seen by a dentist. Such teeth have not been starved. The human tooth, unlike that of the rodents, is built up once for all. A human tooth will not grow, after being worn or filed away, as will the teeth of animals that gnaw. Yet, there are general and modified exceptions. This, for instance : Teeth, like bones, do become harder, as age advances. But still, the great fact lies before us that the human tooth is built up once for all. Then it follows that it is wise to attend to the building.

Now, where will one begin to furnish the right kind of food for the teeth and at the same time nourish all the other tissues ?

First. The mother, within the first six weeks of gestation, must receive and continue to have food rich in lime salts.

Second. After birth, the child must have a proper supply of inorganic materials in its daily food. If the mother can furnish such pabulum to her child in good healthy milk, well and good. If not, it must be furnished artificially. But few mothers can furnish good healthy natural nourishment for their children.

There are so many bottle-fed babies now a day, it becomes of the very greatest importance, *how* they should be fed.

Cow's milk, pure and simple, contains too much casein to be wholly tolerated by many, if not by all infantile stomachs ; and too frequently curds are formed in the stomach of the child, as tough casein of cow's milk so often does.

A perfect artificial food for infants and children must contain the same proportion and same constituents, and again, be as easily digested, as is a good quality of mother's milk.

Nor is this all. Artificial foods must have the necessary amount of muscle or flesh-forming materials, fat, and heat producers. Lastly, but by no means of less importance, but rather more, there must be those

principals in such food, that will furnish materials for the formation of good strong, hard, flint-like teeth ! A due proportion of these three great principals must be observed, and maintained. Every tissue must be nourished !

But every tissue is not properly nourished by the use of a large majority of artificial foods. I have had much anxious thought upon this subject. How many physicians have found wet nurses thoroughly reliable? Free from all systemic infection of scrofula, tubercular, syphilitic, or psoric taints. Indeed, how many mothers there are who are unfit to nurse their own babies, from many causes. All of these conditions being true,—because they are painful facts,—then it becomes an absolute necessity to furnish a substitute for the maternal breast.

Where shall we find it ?

Artificial foods that have fine bolted white wheat flour as their chief ingredient, even if it has been baked long enough to convert its starch into dextrine, is deficient in one of the most important elements in baby food, namely, calcareous salts ! The starch of such foods will undergo acid fermentation during the process of digestion, and the tooth and bone materials have been sifted out of the wheat, by that device of the evil one, that is to say, by his invention of the bolting machines, found in all flouring mills.

Starch, converted into dextrine, by a dry temperature of about 350 degrees Fahrenheit, continued for some eight hours or more, presents a gummy substance—dextrine—which is more easily digested than the original starch. This process must be observed in all infant foods where cereals are used.

In infant foods we must have a sufficient supply of nitrogenous matter, or the flesh will be found to be flabby. There must be a supply of the albuminous group, such as albumen, gluten, legumin, globulin, casein, and the substances called oxides of proteine, which give firmness of texture to the muscular tissues.

How important then, that the physician shall be able to decide that his little patient shall have an article of food that shall nourish every tissue of his body, even unto his forming temporary and permanent teeth ! The bones are going to come out "all right," if we furnish good building material for the teeth.

Many children seem to thrive upon condensed milk, but it should not be forgotten that the process of desiccation does not make the tough casein of the cow's milk any the more digestible; not at all !

The casein or cheesy portion of cow's milk should be made to be more easily digested. This can be done by partly pre-digesting this cheesy portion of such food, with pancreatine, sufficiently, at least, so



as to render it impossible for the casein to be formed into curds in the child's stomach.

Every physician knows that a nurse, or the child's mother, cannot be relied upon to partly "pre-digest" the cow's milk, be it in the ordinary form in which it comes from the cow, or as condensed milk.

Heat, continued heat, must be applied to assist the digestive processes. If allowed to increase much above 110 degrees Fahrenheit, the pancreatic ferment is injured. Hence, if any portion of a child's food is to consist of cow's milk it ought to be partly pre-digested to get the best results.

Since no nurse can be relied upon to carry on this nice chemico-physiological process, it would be best to have some manufacturer make a thoroughly honest, and in every way reliable infant food, for bottle-fed babies. This I am happy to observe is performed by a New York concern, Messrs. Reed & Carnrick. It is known in market as "Carnrick's Soluble Food."

In my anxious investigations of some of the many infant foods for sale, I have been flatly refused an analysis of them, and upon inquiring during conversation with the proprietors, I have come to the conclusion that some of their so-called foods are nothing more than baked fine bolted wheat flour, with hardly a trace of lime salts for the teeth and bones, in their composition. Gluten and starch, almost devoid of nitrogenous matter, and free from any form of lime. Pulverized Boston crackers are just as valuable a food.

Reed & Carnrick put into their Soluble Food a normal supply of the inorganic salts, nearly three per cent. Also they furnish nitrogenous matter, in partly pre-digested, desiccated cow's milk, which as I have shown above, can be easily digested and appropriated by every growing tissue.

While, in my investigations, I have been anxious, mainly to find a "babies food" containing sufficient lime salts to build up good strong and serviceable teeth, I have not been unmindful of the necessity for a large supply of nitrogenous substances, and Prof. Stutzer says that he "found in Carnrick's Soluble Food 18.22 per cent. of nitrogenous materials," certainly, a very liberal supply, and an exceedingly important consideration.

In cases of cholera infantum, marasmus, dental irritation, and children who have a weak digestive apparatus, this food is invaluable!

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## BOOK REVIEWS.

A HANDBOOK OF GENERAL AND OPERATIVE GYNÆCOLOGY. Volume I. By DR. A. HEGAR (University of Freiburg) and DR. R. KATTENBACH (University of Giessen). In two volumes. This is also Vol. VI. of "A CYCLOPÆDIA OF OBSTETRICS AND GYNÆCOLOGY" (12 vols., price \$16.50), issued monthly during 1887. NEW YORK: WILLIAM WOOD & COMPANY.

In order to ensure the completion of the encyclopædia of obstetrics and gynæcology in the autumn, the publishers announce that the different volumes will be issued as rapidly as they come from the editors without regard to numerical sequence. Volume 5, owing to about half the volume being original with the editor, will probably be the last issued.

The present volume considers gynæcological examinations, minor therapeutic manipulations and elementary operations, operations on the ovaries, with an introduction by Hegar.

The author, while a thorough gynæcologist, does not lose sight of the fact that a woman is not all sexual organs, and that there is a possibility of her having a disease outside of those all important organs. "By no means," he says, "the worst therapeutic results are sometimes obtained when we discontinue treatment, at last all local treatment, of even marked sexual diseases, and devote our attention to the improvement of the general condition and to the relief of individual annoying symptoms. The busy gynæcologist sees many women who are supposed to be suffering from uterine disease, but in whom this does not exist or at least is of a trifling character."

The work is particularly well adapted to the use of the general practitioner, both as a handbook and a book of reference and deserves commendation as the most complete work of the kind ever attempted.

ON THE PATHOLOGY AND TREATMENT OF GONORRHOEA AND SPERMATORRHOEA. By J. L. MILTON, Senior Surgeon to St. John's Hospital for Diseases of the Skin, London. Octavo, 484 pages. Illustrated. Price, bound in extra muslin, \$4.00. NEW YORK: WILLIAM WOOD & COMPANY.

This work contains in an abridged form, the substance of the earlier editions, with additional papers upon the subject. The opening chapter is an interesting resume of the history of Gonorrhœa, from which it appears that this disease can not be satisfactorily traced back to very early times. From the experience of the author he believes that gonorrhœa until quite recently was of comparative infrequency in England except in the large cities. The second chapter treats of the pathology and the remaining portion is devoted to the treatment. Regarding the latter, the author says: nothing has been recommended by myself in this work but what has stood the brunt, not merely of experience, for that I rate rather low, but of special observation. My aim was, as far as possible, to separate clearly what might be looked on as established from what was doubtful, and not merely to prove every assertion, but to place it on such a basis that it could not be disproved. Spermatorrhœa has

been similarly treated, the history, pathology, and treatment being exhaustively given. Regarding this affection, the bulk of the work presented is essentially clinical, the fruit of observation rather than of reading.

**THE MEDICAL GENIUS; a Guide to the Cure.** By STACY JONES, M. D., practicing physician, obstetrician, and surgeon: Published for the author. PHILADELPHIA: JOHN C. WINSTON & Co. 1887.

From the inapt title of this book it might be supposed to be the record of some brilliant luminary of the medical skies, rather than an exposition of the art of medicine as seen by the author, who has been actively engaged in the pursuits of the medical profession in Eastern Pennsylvania during the last thirty-three years. The work is unique in many respects, from the dedication "To all those who prefer curing disease, to contending about dogmas," to its arrangement, and the positive assertions of the author. The prominent purpose of the book is to "exhibit the *pure genius* of our drugs as attested by undoubted cures effected by them, in doses both minute and massive. Thus to constitute the work a mirror, in which the advocate of each mode of medication, may see how the other cures. There is a middle belt between the extremists of the two dominant schools of medicine, comprising a noble class of the medical fraternity, who, without let or fear of any faction aim straight for the cure; with these is sacredly preserved, in its entire vitality, the very pith of all the pathies—the sole purpose of healing the sick. It is with these that the author has hoped that his book might find favor: mainly for these it was written."

The work is divided into sections, each section with a few exceptions, being devoted to the consideration of a remedy, giving the indications for large and small doses, although, as it is said of a woman's letter, the pith is often to be found in the postscript. Thus: in section I, *Acacia*, we find as addenda, "*Ethusa cynapium*, taken every hour or two, is baby's best remedy for vomiting of breast milk in thick curds, with threatening of spasms."

The author is positive in his assertions concerning the efficacy of his remedies in the treatment of disease, as where he "cured 85 per cent. of all cases (*cholera infantum*) with resorcin, 1 to 3 grain doses," more so than we have ever dared to be.

We have read the book with interest and have no doubt that those who are in doubt regarding the old treatment of disease and who are looking for something better, will find the book full of valuable hints.

**DISEASES OF THE FEMALE URETHRA AND BLADDER.** By F. WINCKEL, M. D., of the Royal University, Munich; and, **DISEASES OF THE VAGINA**, by A. BREISKY, M. D., of the Royal University, Vienna. Edited by EGBERT H. GRANDIN, M. D., of New York. These two treatises constitute Vol. X. of "A CYCLOPÆDIA OF OBSTETRICS AND GYNÆCOLOGY" (12 vols., price \$16.50), issued monthly during 1887. NEW YORK: WILLIAM WOOD & COMPANY.

This volume deals with a comparatively neglected art, the bladder being left out of consideration in connection with the female genitalia, and the literature of the subject is correspondingly scanty. The intro-

duction treats upon the anatomical and physiological peculiarities of the female urethra and bladder, the examination of the female urethra and bladder and statistical inquiry into the frequency of occurrence of the various diseases of the female urethra and bladder. From the figures given it appears that urethral and vesical diseases are much more frequent in men than women, being in proportion more than two to one. In a number of autopsies made by the author twenty-five-per-cent. were found to have some affection of the bladder. Part I, treats of malformations and diseases of the female urethra. Part II. Defirmities and diseases of the female bladder, and Part III. of the diseases of the Vagina.

The subject is exhaustively treated and the present volume sustains the impression conveyed by the preceeding volumes of the value of this encyclopedia and the enterprise of Messrs. Wood & Co, in furnishing for almost nominal cost so through a treatise upon obstetrical and gynæcological art.

#### ABSTRACTS.

*FIBROID TUMORS of the Uterus treated by Electrolysis.*—By FRANKLIN H. MARTIN, M.D.—In Journal of American Medical Association the term "electrolysis," as applied to the treatment of disease, has been by many, for some unaccountable reason, greatly misunderstood. Because an electric battery is one of the requisites of treatment by electrolysis, the term has become synonymous with any form of electrical application, whether of the galvanic, faradic or static variety. This is a mistake. To successfully treat any particular diseased condition by electrolysis, certain scientific principles are involved, that are as necessary for us to understand as it is for an inventor to understand certain scientific principles before he can successfully construct an electric motor.

Electrolysis is simply an expression for an electrical phenomenon. It is necessary for us to have certain conditions present in order to obtain this phenomenon: 1. A continuous current of electricity. 2. An electrolyte. 3. Means of conveying the current through the electrolyte. And unless we have present in every case upon which we operate these requisites, and bring them into such relationship that the electrical current conveyed through the electrolyte by means of suitable conductors will dissolve the molecules of the electrolyte into their constituent elements, we do not get electrolysis.

So far as the phenomenon electrolysis has been utilized in medicine, it has been for the purpose of removing abnormal tissue. In order to accomplish this, certain other requisites are necessary. 1. The tissue to be dissipated must be an electrolyte or contain electrolytes. 2. The tissue must be in a position where it may be electrolyzed without endangering neighboring tissues. 3. Its surroundings must be such as will favor the removal of the *ions* by absorption or otherwise, that have been freed by the electrolytic action. 4. Some means of ascertaining the strength of the current must be at hand.

I wish to refer to two other phenomena of the constant galvanic current, which do not properly come under the head of electrolytic action,

but which are utilized in the treatment of fibroid tumors. I refer, 1. To the cataphoric action of the current. 2. To the local effects of the two poles.

The subject of the treatment of fibroid tumors of the uterus by the continuous galvanic current, therefore, presents the following points:

I. *Consideration of Tumors.*—I will make the old division according to location into, 1. Submucous. 2. Interstitial. 3. Sub-peritoneal. To further expedite matters, I divide these tumors according to their condition, into the hæmorrhagic and the non-hæmorrhagic. By hæmorrhagic we include those tumors that produce from a simple excess of the menstrual flow to the most alarming continuous hæmorrhage. The non-hæmorrhagic all others.

II. *The Current.*—The current of electricity used in electrolytic therapeutics should be one of moderate quantity compared to the intensity. It should be very uniform and without interruption. The direction of the current should always be known. Any means of generating electricity that will be practicable, and at the same time answer the above requirements, will be suitable. I have found nothing better than some form of the chemical battery. In beginning my work with electrolysis I used the ordinary zinc and carbon battery with a solution of dilute sulphuric acid and bichromate of potash. For purposes of epilation, strictures of the urethra and uterine canal, and other of the smaller operations, this battery answers the purpose admirably, where it is properly cared for. For accomplishing more decided work, it is impracticable, because of the labor required to keep it in order. The results of my experiments have led me to adopt for office purposes the ordinary crow-foot gravity cell. This cell is furnished to me by the McIntosh Co. These cells are coupled in tandem, and connected with a selective switch board arranged in such a manner that any number of cells from any part of the battery can be brought into the circuit. A large number of these cells can be placed in a closet or other convenient place and attached to the switch-board by means of a cable of wire. The storage battery can be utilized for this purpose, but is as yet impracticable for long and constant work. The dynamo has been suggested, and will without doubt, with time and improved motors, take the place of all other forms of generating electricity for office use, both for cautery and, with proper resistance coils, for electrolytic work.

III. *Measurement of Current.*—We have found it necessary to adopt some means of measuring approximately the strength of current employed. Especially is this desirable when the enormous strength of the current is used that is necessary in the treatment I am describing. It is unwise to employ a current of more than 25-milliampère strength through the vital tissues of the body, without being in a position to watch every variation of intensity; this can be determined with accuracy by the employment of a galvanometer (Fig. 1). This instrument was constructed, after a large amount of work and experimentation, by Dr. McIntosh. It has been graduated in the presence of an absolute galvanometer, and each instrument that is constructed is graduated by actual comparison in the same way. Many of the galvanometers sold for medical purposes are little better than worthless. This instrument



is graduated for milliamperes, and will measure accurately a current from 1 to 1,000-milliamperè strength.

The maximum current that can be safely passed through the body, consistent with our present experience and knowledge, is about 1,000 milliamperes. To get this power, I use a battery composed of 115 gravity cells.

IV. *Electrolysis*, the principal action that we seek in causing the absorption of fibroid tumors or any other pathological growth, is not a new phenomenon in electro-chemistry. This action has been utilized in the commercial world for a number of years, and its value is constantly increasing. The same principle that is used in electro-plating can be made valuable in medicine, in relaxing the loosely combined elements of a fibroid tumor and causing their deposit where they will be carried from the system.

A strong current of electricity is passed through a growth of this

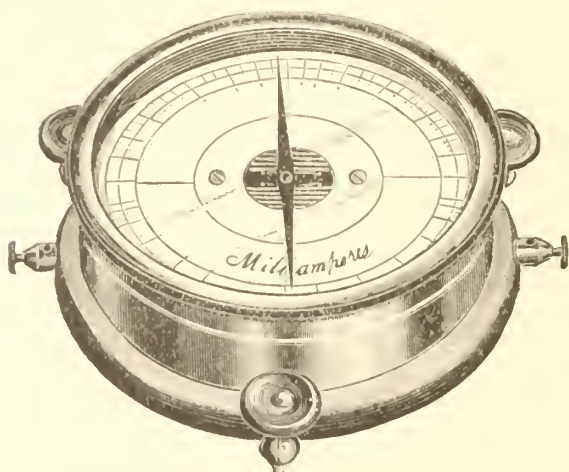


FIG. 1.

character, and in its substance it finds many electrolytes which are dissolved into their constituent elements. These elements, according to their electrical tendencies, travel toward the negative or the positive pole of the battery, and may be disposed of in the following ways: 1. "Many of them immediately make similar or dissimilar combinations with neighboring elements of opposite electrical tendencies, making thereby new compounds which act as foreign particles; as foreign bodies they are promptly removed by the nearest absorbents. 2. Other elements, as they become free from their original molecules, make combinations with elements which are already leaving the tissues through one of the innumerable minute vascular canals. 3. Many in the form of gas pour into the atmosphere beneath and surrounding the electrodes. 4. Others attack the electrodes and are disposed of in the form of deposit on their surfaces."

The cataphoric action of the galvanic current should also be recog

nized as playing its part in the promotion of absorption. It is by this property that fluids are determined in mass from the positive to the negative pole. This action, in producing an unnatural turgescence of fluid at the negative pole, favors its osmosis into the surrounding absorbents, and thereby accomplishes its removal.

The local effect of the current at the two poles of the battery is very different with a high tension current. The effect of the pole is termed by Dr. Apostoli the galvano-caustique effect of the positive pole. This is an action of a great deal of importance, and from which a great advance is contributed in the treatment of hæmorrhagic fibroid tumors of the uterus. The phenomenon is obtained only by the employment of a very strong current, from 50 to 1,000-milliampère strength, and concentration of this current at the point of contact of the positive pole of the battery to the tissues. This electrode must be of small size, and of some unattackable metal. The effect obtained upon vascular tissues or mucous membrane by thus concentrating the current is to produce an eschar. This eschar, however, if the current has been proper, will be found to be simply a coagulation and a hardening of the mucous membrane and the tissues beneath it for some little distance. This process of contraction and coagulation modifies the caliber of the vessels of the circulation so that hæmorrhages are less liable to occur at the point of application; at the same time it does not destroy the circulation sufficiently to produce strangulation and death of the part. There is nothing that will so effectually stop all forms of excessive hæmor-

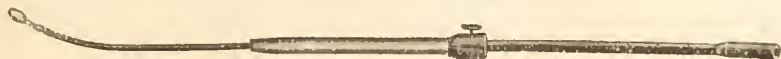


FIG. 2.

rhages or leucorrhœa, without producing a troublesome slough, and a subsequent contraction, as this particular application of electricity when made to the mucous membrane of the uterus.

The local effect of the negative pole is the opposite of that of the positive when the current is strong and concentrated. The action of this pole is one of liquefaction instead of hardening and coagulation. Its eschar resembles much that of a caustic alkali.

V. *The Electrodes* used by Dr. Apostoli's method are two at every operation. One of these is applied externally on the surface of the body, the other in some form internally. Where powerful currents are employed, the first object is to devise means of conducting them through the parts desired, without producing harm to innocent tissues, or pain to the patient. One pole, the internal, is usually the active one. This is either a sound that fits accurately the uterine canal, or a pointed electrode which enters a presenting portion of the tumor. This is constructed of unattackable metal, platinum when in form of sound, platinum and iridium when in form of needle. Some means of insulating the vaginal portion of the electrode must be devised. (Fig. 2.) Needles used in electrolysis should be insulated up to within one inch of the point in order to protect external tissues. After the proper internal electrode has been selected and placed in position, and before the current is turned on, the circuit of the battery must be closed by

applying some form of convenient electrode externally that will give the minimum resistance without excessive pain. This has been one of the most difficult things to accomplish in the use of strong currents. This external electrode should be placed upon the abdomen in as close proximity to the internal one as possible. It should have a large surface in order to diffuse the current. All parts of the surface should conduct equally, and fit accurately into all irregularities of the surface.

Dr. Apostoli hit upon the following plan: A mass of potter's clay is made about into the consistency of soft dough by moistening with water, and is then spread upon the abdomen in a mass an inch or more in thickness. This is connected with the battery by placing upon its free surface a plate of soft metal with appropriate connections. This apparatus, while it answers the purpose, is a very inelegant form of electrode. In this I am able to offer a very decided innovation. Dr. McIntosh has succeeded in constructing for me this electrode. (Fig. 3.) A concave disk of soft metal, of appropriate dimensions, has loosely stretched over its concavity an animal membrane which is fastened to its circum-



FIG. 3.

ference securely enough to render it water-tight. Between the concavity of the disk and the membrane is left a space one and one-half inches in thickness, which is filled with a warm saturated solution of chloride of sodium. The electrode is filled through a stopper on the surface of the metal. The connections are also made from this surface.

This electrode, when filled, is applied to the surface of the body so that its membrane surface is in contact with the skin. It adapts itself accurately to all irregularities, covers a large surface, and causes a diffusion of the current so perfectly, and makes connections so complete, that I have been able repeatedly to use a current of 75 to 1000 milliampères without producing the slightest blistering of the integument and without producing even a disagreeable sensation.

*VI. Details of Application.*—For the relief of excessive hæmorrhage, I consider this of first importance, because it often baffles every other resource. I will confine myself to the conditions that must be present to allow of benefit from this treatment. We have excessive hæmorrhage which may be continuous or periodic. The hæmorrhage is from the cavity of

the uterus. The uterine canal must be accessible to a flexible probe. There must be no acute metritis, peri, or parametritis present. With these requisites, positive and negative, we may proceed to operate. An assistant, if the patient is reasonably strong, is not necessary. The application is preferably given in the office. The patient's clothing is loosened, and she is instructed to assume the dorsal position upon an operating chair. A speculum is introduced or not according to convenience of operator, and the direction, size and depth of the uterine canal is ascertained by means of a soft metal probe. A uterine sound electrode composed of pure platinum, corresponding as nearly as possible with the size of the uterine canal, is selected, and made to conform to the general direction of the canal as indicated by the probe. This electrode is then introduced to the bottom of the uterus, and the insulating shield is pushed up until it touches the cervix and covers perfectly the intra-vaginal portion of the metal. When the electrode has been satisfactorily applied and connected with the positive pole of the battery, Martin's large abdominal electrode, properly prepared and attached to the negative pole of the battery, is applied to the lower portion of the patient's abdomen in such a manner as to bring its whole surface in contact with the skin.

After the electrodes have been securely placed and the connections are found to be perfect, the operator should commence turning on the current. This should be done very gradually at first in order that the patient may experience no shock. If the patient complains of a dull pain internally while the current is being increased, the operator should stop for a few seconds, and he will often find that the pain will cease, after which the current can again be increased to the desired strength without excessive pain. At the first not more than a 50 m. current should be used. If the patient bears this well, it should be increased at each succeeding operation until a strength of from 100 to 500 m. is obtained. The first operation should last about five minutes, if well borne the succeeding ones can safely be lengthened to ten minutes. In finishing the operation the current should be decreased in strength a cell at a time very slowly, until it is entirely excluded. After the operation the patient should remain quiet for half an hour, and keep very quiet for at least twenty-four hours.

This operation checks hæmorrhages, and reduces the size of the tumor. The local coagulating effect of the platinum electrode upon the inner surface of the uterine canal checks the hæmorrhage, and the electrolytic effect of the powerful current through the tumor favors its absorption. A number of repetitions of the operation are necessary to control severe hæmorrhages. It is impossible, at one sitting, for the internal electrode to come in contact with all the surface of the canal, no matter how much pains may be taken to make an accurate adjustment. Unless the current is too strong there will be but very little subsequent sloughing at the place of contact of the positive pole. If troublesome sloughing *should* occur after an application, a somewhat weaker current should be used afterwards. It must be remembered that coagulation, and not cauterization of the tissues, is the point sought.

The second operation is for the reduction of tumors that have grown in such a manner that they have distended or occluded the uterine canal

so that it will not admit a sound electrode, and thereby renders intra-uterine *treatment proper* impossible. In these cases an *artificial* canal should be established in the obstructing portion of the tumor by means of negative-galvano-puncture entering the tumor from the cervical canal. The patient is placed in the dorsal position. The position of the cervix is ascertained, and by aid of a proper speculum a sharpened probe of platinum and iridium is thrust a safe distance into the centre of the presenting fibroid. The vaginal portion of the electrode is properly insulated as in the other operation, and is then connected with the *negative* pole of the battery. The abdominal electrode is attached to the *positive* pole and applied as for the previous operation, and with proper precautions the current is gradually turned on until the desired strength is obtained, this being as high as 150 m., often without pain or harm to the patient. Contrary to ordinary expectations, the *pain* produced by this operation is not sufficiently severe to require an anæsthetic, and with the exception of the first séance, when the new canal is established, the succeeding treatment is no more disagreeable than the ordinary use of the internal electrode in the uterine canal. Before any internal needle or puncture operation a vaginal injection of 1 to 5000 bichloride of mercury should be given, and repeated each day as long as the treatment is continued. An interval of about five days should elapse between the applications the duration of the séance should be from five to ten minutes.

The first effect is the establishment of a new channel to take the place of the distorted and obstructed uterine canal and by which subsequently the tumor will be treated. The second effect is the direct electro-lytic action of the current upon the growth. The channel left after the withdrawal of the probe is somewhat larger in diameter than the electrode itself, and will remain for a number of days penetrable to the probe. There is but slight suppuration from its surface, but should there be any considerable hæmorrhage from the artificial canal, one application of the electrode with the current reversed making the positive pole the internal will give relief. One imperative point in these operations is the proper selection of poles to be employed. The immediate effect of the negative pole is to liquefy the tissues with which it comes in contact like a caustic alkali, and it should be selected for the establishment of a canal, while the effect of the positive pole is to coagulate and harden tissues coming in contact with it, like a caustic acid, and it should always be employed to check hæmorrhage either from the artificial canal or the natural uterine canal itself. Therefore for the rapid reduction of the tumor the negative pole is decidedly preferable, and should always be applied unless the presence of hæmorrhage demands the use of the positive.

The third is the extra-uterine galvano-puncture, or the needle operation proper. Tumors that call for this form of treatment are those that are not amenable to the other two forms.

Herein I have endeavored to give an idea of the present status of the treatment of fibroid tumors of the uterus by means of the strong current of electricity. The use of the strong current was adopted by Dr. Apostoli, of Paris, he being the first to devise electrodes and rational means by which it could be made tolerant. To the extent of discussing



the strong current and utilizing the coagulating effect of the positive pole for the checking of uterine hæmorrhages, I have described Dr. Apostoli's methods. Otherwise I have not confined myself to any one system, but have endeavored to give the best means, according to my knowledge and judgment, that have been developed, up to the present time, for the relief of this distressing malady. My conclusions are :

1. A means of generating a continuous current of electricity which can be increased per 10 to 1,000 milliamperes in strength, is necessary in order to obtain all the benefits of this treatment.

2. Hæmorrhages from hæmorrhagic fibroid tumors can be cured by the local coagulating effect of the positive pole applied inter-uterine.

3. The inter-uterine electrode, when positive, should be of unattackable metal, conforming as nearly as possible to the size and shape of the uterine canal and having the vaginal portion insulated.

4. When the cervical canal can not be entered a negative galvanopuncture should be made into the presenting part of the obstructing mass of the tumor and an artificial canal, which is to take the place of impenetrable uterine canal, in all subsequent treatments be formed.

5. The intra-uterine electrode should in all cases be negative, unless there is hæmorrhage or excessive leucorrhœa, when the positive pole is always required. The same patient may, however, present successive symptoms demanding the use of each pole.

6. The strength of the current should be the strongest possible consistent with the desired therapeutic effect and the endurance of the patient.

7. Cases of intolerance of high doses arrange themselves under the three following heads. 1. Hysteria. 2. Enteritis. 3. Acute nephritis, peri- or parametritis ; the most tolerant being the deep uterine and profusely hæmorrhagic.

8. The duration of the operation should be from eight to ten minutes, according to the toleration of the patient.

9. The number of operations is necessarily dependent upon and influenced by the result to be accomplished. A severe hæmorrhage can be checked in from four to five sésances, while a general reduction of the tumor necessitates many operations, varied, of course, according to size and location. In many cases simply a restoration to health and a relief from the prominent and annoying symptoms must be accepted as a substitute for an actual cure.

10. The time of commencing the treatment matters but little, if the tumor is not rapidly growing, and no excessive hæmorrhage is present. The operation should be inter-menstrual, if possible, but if hæmorrhage is continuous operate during the flow. The sésances should occur two or three times a week if compatible with the endurance of the patient, and should be as regular as possible.

11. Extra-uterine puncture should be regarded only as a last resort, but every means of reaching the tumor through the uterus being impracticable, seek, if possible, to make the operation extra-peritoneal, should this in turn prove equally unadvisable, use as a final alternative the abdominal puncture.

12. Strictest cleanliness and thorough antiseptic precautions are absolutely demanded in operations connected with this treatment.

*SUCCESSFUL Enucleation, After Laparotomy, of a Fibroid Attached to the Fundus Uteri.* By JOHN S. DICKSON, M. D.—Mrs. R—— æt. 24, had given birth to two stillborn children, one at full term and the other at an earlier period of pregnancy. She was sent to me Sept. 1, 1886. For three years she had been suffering from an abdominal tumor, which during the last few months had increased rapidly in size.

The diagnostic features indicated a fibroid growth attached to the fundus of the womb on the right side. The os uteri was pulled up on the left side to an extent which made it impossible to use a sound or make a digital examination.

The patient rested quietly until Tuesday, Sept. 7, when laparotomy was performed. The incision made was about 13 inches in length, extending nearly from the symphysis pubis to the ensiform cartilage. The tumor was found to be a fibroid of a firm, elastic consistency, and intimately adherent to the fundus uteri on the right side. At first it seemed impossible to remove the tumor without the uterus but eventually it was decided to enucleate the growth from its attachments. The peritoneal sac, from which the tumor was enucleated, was very large, and the womb itself was about four times its normal size. This gave the impression that the growth was intra-uterine. The enlargement was found to be symmetrical and regular in form, however, and was then attributed to inflammation. It was probable that, after removal of the tumor, the womb would atrophy to its natural dimensions, and hysterectomy was therefore rejected. During the operation over forty ligatures were required to control hæmorrhage.

After the growth had been removed, the edges of the rent in the peritoneal coverings or sac were approximated by sutures, and the whole let fall back into the abdomen. The abdominal wound was brought together by interrupted sutures of silver wire, eleven in number. A rubber drainage-tube was inserted between the two last sutures, dipping down in the sac. The wound was then dressed with lint, moistened by bi-chloride solution, and linen gauze placed over that. Scarcely any blood was lost during the operation, and the patient evinced no evidence of shock at any time. The tumor weighed eleven pounds, two ounces.

Patient showed but little disturbance from the anæsthetic, but complained of pain some three hours after the operation. She had considerable pain and was restless during the first night.

2nd day.—Some uneasiness and pain. Relieved by small doses of morphia. She was catheterized every eight or ten hours; and this was kept up until she was able to be out of bed.

4th day.—Some restlessness the most observable symptom. No undue pain or other trouble. Two upper and superficial sutures removed. Also drainage-tube. No discharge. 5th day.—More sutures removed.

6th day.—Patient complains of some pain in right side of abdomen. All sutures removed. Adhesive straps and moistened lint applied. Bowels opened by laxative and enema.

7th day.—Patient continues to improve, but is restless. Craves food. Sleeps quite well at night. Is cheerful. 8th and 9th days.—Progressing favorably.

10th day.—From that part of the incision whence the drainage-tube had been withdrawn, a black, offensive discharge, resembling tar, was provoked by retching caused by a dose of oil. The offensiveness of the discharge continued for several days. Previous to this discharge patient showed slight constitutional disturbance.

12th day.—Patient taken out of bed, and put in a large chair for an hour. On each subsequent day she sat up for a little longer period. She is becoming less restless, and eats and sleeps well. Bowels move naturally.

During the period of eleven days intervening between the operation and the day on which she left her bed for the first time, the patient's diet consisted entirely of the J. P. Bush Manufacturing Company's bovine with a little milk, and of stimulants. Other foods were tried, but she could not retain them. On the 19th day the patient was discharged from the hospital.

October 20, 1886, patient had a miscarriage, and the fœtus was supposed to have been of four months development at the time of the abortion. The peculiarities in the size and shape of the uterus, which were considered at the time of the operation to be due to inflammation, were thus explained.

November 11, 1886, patient came to my office to show how well she was. She still had, occasionally, a little discharge from the sinus, where the drainage-tube had been inserted. Extending down towards the right inguinal region, from the sinus, was a noticeably thickened and indurated condition of the parts. This was considered the source of the discharge, and tenderness was noticeable here when the flow was interrupted for any length of time. The induration, however, according to the patient's statement, was gradually decreasing. Patient was otherwise stout and in good health.

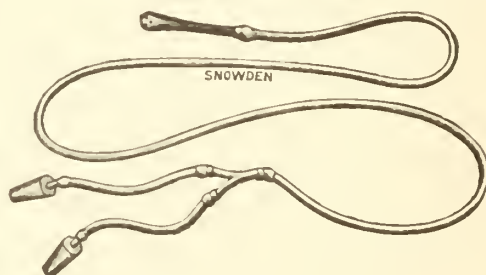
It will be conceded that the above record of the cases is a remarkable one as to results. The operation occupied 51 minutes, and necessarily subjected the patient to a severe strain. It certainly is remarkable that at no time the patient's pulse was higher than 96 nor her temperature higher than 101°. Many of the good results I attribute to the use of bovine, which was practically the patient's only nutriment, during the first eleven days, and the careful employment, during the entire case, of antiseptic precautions.—*Gaillard's Med. Monthly.*

*BELLADONNA in Sterility of Females.*—There are few drugs which exhibit so pronounced a predilection to act upon certain structures of the body as belladonna. Among its favorite tissues, those of the female sexual organs may be mentioned. Its employment is followed by more or less benefit in every disease to which these parts are liable. I suppose it has fallen to the lot of almost every practitioner to be consulted by married women who never were pregnant, as to the cause of their barrenness. Apparently they enjoy the best of health, and have never suffered from any irregularity of the sexual apparatus. To such I have on several occasions prescribed belladonna internally, and have found that after taking the medicine for several weeks, they become pregnant. I have seen this happen so often that I am constrained to regard the occurrence as something more than accidental. I shall not

venture to theorize upon its action, will merely mention that I have observed that the external genitals become more relaxed, and the os and cervix uteri somewhat softened and pliable, during the treatment.—*N. Y. Med. Journal.*

**HOT-WATER Vaginal Douche.**—DR. GEORGE E. SHOEMAKER, in *Med. News*. Hot-water vaginal injections now constitute one of the most necessary elements in the treatment of many uterine diseases, yet it is found practically difficult to secure their thorough and systematic application.

If a patient, not under the care of a nurse, be sharply questioned, it will often be found that the general inconvenience of injections as ordinarily carried out, together with the fatigue to the hand of using a bulb syringe for fifteen or twenty minutes continuously, is such that they are either imperfectly applied, or are often omitted. The accompanying cut represents a simple form of douche, much appreciated by pa-



tients. No fatigue is involved in its use, while the temperature of the water may be regulated at will and constantly increased.

It consists simply of rubber tubing in the form of the letter "Y," armed at one end by an ordinary syringe nozzle, and at the ends of the branches by rubber corks which fit respectively into the hot-and-cold water faucets of the ordinary bath-tub. On properly opening both faucets, water of any desired temperature will run directly through the tubes and will issue from the nozzle. It will occur to any one that after changing the nozzle, the instrument may also be used for douching hemorrhoids while the patient is seated over the adjoining closet; vaginal injections should only be administered while the patient lies on the back in the tub, with the hips elevated by a small stool or cushion.

The instrument may be obtained from Mr. Snowden, of Phila.

**EUCALYPTUS HONEY.**—*Editor in Therapeutic Gazette.*—In *Le Progrès Médical*, Dr. Thomas Caraman describes the discovery and the medical and chemical properties of a peculiar bee production, to which is given the name of black honey. In May of 1884, M. E. Guilmeth, the French naturalist and traveler, found in a wilderness in the central part of Australasia a number of enormous eucalyptus-trees, and at a great height from the ground perceived a number of dome-shaped, brownish masses, which he at first supposed to be excrescences. Late in the afternoon his attention was called to the going in and out

of swarms of black insects from an opening in the dome-shaped masses, and finally, after many hours of labor, one of the trees, whose diameter was said to be between nineteen and twenty metres, was cut down. Out of a single honey receptacle M. Guilmett took as much as eleven thousand pounds avoirdupois. The insect which secretes this honey is said to be new to science, and has been given the name of *apis nigra mellifica*. It is very small, and black, and the languet of the workers is much more developed than that of the ordinary bee. All attempts to domesticate it in Tasmania have failed, but it is said that some success has been achieved in Algeria in the neighborhood of plantations of eucalyptus.

A remarkable fact stated by Dr. Caraman is that the ordinary bee condemned to feed upon the flowers of the eucalyptus-tree rapidly dies off.

The so-called black honey is at ordinary temperatures a somewhat transparent, syrupy, thick, homogeneous, dark orange-colored liquid, with a peculiar odor similar to that of eucalyptus, is very soluble in water, milk and wines, and much less in alcohol. Its fermentation is exceedingly difficult, on account of the large quantity of luvulose which it contains. Its specific gravity is 1.44, and it radicates the polarized ray at 22 degrees.

When black honey is given freely to dogs, dissolved in warm milk, it produces a very surprising reduction in the number of cardiac pulsations. Thus, in a feverish dog, the pulse fell from one hundred and twenty-five to seventy a minute; this fall was accompanied by a lowering of the temperature one degree centigrade; the effect lasted twenty-four hours, with a slight tendency to sleep, but with no symptoms of toxic depression.

When a tablespoonful of the honey was given to a man, dissolved in a little warm water or milk, after some minutes a slight agreeable sensation of warmth filled the whole body. In about half an hour eliminations of the active principle through the pulmonic mucous membrane commenced. The voice becomes more clear and sharper, and the breath perfumed. It seems as though the lungs themselves were more elastic.

When Dr. Caraman, who affirms that he is somewhat fleshy, took four tablespoonfuls a day for a week, there was a marked lessening of shortness of breath on ascending steps, and slight increased diuresis, with an augmentation of the urea. The urine acquired an odor resembling that of the *Cassie farnesiaum*, an Algerian plant, from which is prepared the perfume habitually sold under the name of new-mown hay.

Dr. Caraman believes that this honey will be a valuable remedy in the treatment of bronchial catarrhs, and that it acts as a sedative to the heart-beat, in a manner similar to digitalis. He thinks also that it will be of practical value as a febrifuge and as a bacteriacide. He hopes much from it in the destruction of the bacilli of phthisis and the pneumococcus of pulmonic inflammations, and even asserts it has been employed in typhoid fever with success, and that in leucorrhœa, whether from accident or constitutionally, it causes the affection rapidly to disappear, and kills the leptosis vaginalis and the oxyures. He has also found it of great use in the treatment of gonorrhœa and diseases of the



kinneys, bladder and urethra, and affirms that it acts more energetically than the pobatha or sandal oil.

It is not at all probable that this substance will fulfil all the expectations of its enthusiastic advocate, but if it only do a portion of what is claimed for it, it will be a valuable addition to our therapeutic resources. If it be produced in as enormous quantities as are described by M. Guil-meth, it ought eventually to find its way into general commerce and be obtainable at a merchantable price. We do not know, however, of any of it as yet reaching this country. If it grow in importance it is probable that artificial eucalyptus and honey will be offered for sale, and it is, therefore, a matter of importance that not only the physical and medicinal properties of this drug be very carefully described, but that some test of purity be worked out.

## ITEMS.

W. H. H. Jackson, M. D., one of the pioneer homœopaths of the Pennsylvania Oil Country, has recently been appointed railroad surgeon at Oil City, Pa., by the Lake Shore and Michigan Southern Railroad Company.

Prof. E. H. Pratt will give, prior to the opening of the Chicago Homœopathic Medical College, a preliminary course of one week, on Official Surgery. This course is designed solely for practitioners who desire instruction in this branch of surgery, in order to apply it in their own practice. For exact data, and other particulars, address E. H. Pratt, M. D., Central Music Hall, Chicago.

Dr. George H. Rohr will, in September, assume the editorship of a quarterly journal, *The Climatologist*, devoted to the scientific and practical consideration of questions in the domain of medical and sanitary climatology, including Climato-therapy, Medical Geography, Epidemiology, Preventive Medicine, and the investigation of the merits of Mineral Springs and Health Resorts. Many of the most eminent climatologists, sanitarians and practitioners, have consented to act as collaborators on the new journal. Each number will contain 48 quarto pages of reading matter, the subscription price will be fifty cents per year, and the place of publication, S. E. Corner Baltimore and South Streets, Baltimore, Md.

**MENORRHAGIA, LEUCORRHOEA.** MADAMAM GRIGOR, L.R.C.S., L.R.C.P. Alexandra Avenue, Battersea Park, London.—F. O., widow, 32 years of age, one child, suffered for years, and was frequently under medical treatment, getting little or no relief. When she came under my care, about three months ago, I found her very weak and anæmic, complained of pain in left hypogastric region and sympathetic vomiting. She told me that at the menstrual period she nearly flooded, and between the times, only 14 days, she suffered very much with the whites. I thoroughly examined her, and diagnosed. Irritation of left ovary, menorrhœa, leucorrhœa, prolapsus with atrophy of uterus, inflamed metritis minoris, the effect of this being anæmia. Under treatment she improved in general health, but still the menorrhagia and leucorrhœa continued, though I had exhausted the remedies used in such cases. When the Aletris Cordal came under my notice about six months ago, I put my patient under its treatment, with the result that the menorrhœa and leucorrhœa have ceased, and the slight prolapsus uteri gives no discomfort. I may state that I still keep her under the tonic.

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A recent medico-legal decision upon a question affecting the validity of a life insurance policy is deserving of commendation as being based upon justice as well as upon law ; not always synonymous terms. It appeared that the deceased was employed at a place where hides and cattle were received, and that the cause of his death was "a putrid animal substance on the exterior of the body working inwardly, and usually communicated from the bodies of animals suffering with diseases of the hair." The deceased was insured in the United States Mutual Accident Association, the policy insuring against death from "external, violent, and accidental means," and excepted death "by taking poison." The company refused payment upon the ground that the deceased came to his death from taking poison. The decision of the court was against the company. The court holding, in brief, "The word 'poison' therein is used in the ordinary meaning of a substance taken internally, seriously injurious to health, and often fatal to life. \* \* \* The means through which deceased came to his death were external. The positive testimony of the physician shows this. The putrid animal substance reached the body, not through the stomach or lungs, but through the skin, the external covering. The cause was external as much as the crushing under a car or the bite of a rattlesnake would have been."

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The *Medical Era*, which seems to have arrayed itself as the especial champion of the Pasteurian anti-hydrophobic inoculation theory, in the fervor of its exultation over the report of the British Commission, has allowed its enthusiasm to run away with its usually staid judgment, and takes the AMERICAN HOMŒOPATHIST to task in the following fashion : "The ink is scarcely dry in the pages of the AMERICAN HOMŒOPATHIST, announcing the complete and utter failure of Pasteurism. That journal cannot now remain silent. It must either perform the gymnastic feat of climbing back to the other side of the fence, or show good and satisfactory reasons why its opinion is of greater value than that of Sir James Paget, Sir Joseph Lister, Mr. Richard Quain, Prof. Burdon San-

derson, Mr. Victor Horsley and Dr. George Fleming." With all due deference to the *Era*, the HOMŒOPATHIST does not propose any gymnastics for its benefit, but prefers to remain on the side of the fence where it anticipates that the *Medical Era* will ere long be willing to climb at the expense of an unlimited amount of ground and lofty tumbling. When the opinion to which the *Medical Era* takes exception was written we gave numerous and conclusive reasons why we believed Pasteurism to be a failure, nor have we since seen any reason why we should change that opinion. The day has gone by when we would accept the opinion of any man, or set of men, even though it were a British commission, as conclusive, upon a question upon which we believed ourselves capable of forming a judgment. It goes without saying that were this same commission to be called upon to-day for an opinion upon homœopathy it would give a unanimous vote for its condemnation. Would the *Medical Era* so unhesitatingly accept that opinion? We err very much in our judgment of that journal if it did not prefer the conclusion at which it has arrived from its own study of the subject to the opinion of any commission. When Pasteurism was first announced to an awe-stricken world it was unhesitatingly proclaimed, that the new system of anti-rabic inoculation was an unqualified success, and that in the "bright lexicon of Pasteurism there was no such word as failure." Later, when clouds of doubt and distrust began to overshadow the fair prospect, and one failure after another of the sure protection to protect became known; it was said that the inoculation had been too long delayed; and then, when one after another of the victims of rabid wolves succumbed to the poison, the excuse was that inoculation was a protection against the rabies of the dog but not against that of the wolf. Later, when this pretext would no longer serve, the system was remodeled and intensive inoculation, increasing the amount of poison injected, was substituted, and the poor victim, who might have survived the bite of the dog, succumbed to the preventive. All this is a matter of history, and history from the Pasteurian side.

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If mere names are to be counted as proof of the value of Pasteurism, those opposed can quote from Professors Renzi and Amoroso, Dr. Biggs, Professors Spitz, Galtier, Billroth, and Von Frish, Drs. Peter, Pigeon and Dulles, and others, who, after full investigation, have as thoroughly condemned the anti-inoculation theory as the British commission have indorsed it. Speaking on this subject, Dr. Dolan, an exceptionally experienced authority on hydrophobia, who compiled an elaborate series of statistical articles for the *Medical Press and Circular*,

says the success claimed for M. Pasteur is due entirely to the fact that he had been treating patients who had been bitten by non-rabid dogs ; he has treated a number who never were bitten or even licked, but who submitted to the process through mere curiosity ; he has ventured to treat these persons with a virus which he says is even more potent than that of the rabid street dog, and no result has followed. "The explanation of all this," says Dr. Dolan, "is that he has been simply injecting an innocuous fluid, a sterilized bouillon, and it is fortunate for his patients it is so innocuous ! To my mind this is clear enough. The dog that bit Joseph Meister, M. Pasteur's first patient, was not mad ; the dogs that bit the children from Newark, America, were kept some time in quarantine and then set at liberty, and showed no symptoms of rabies ; the dogs that bit Kaufmann, Salter, Buckler and Metzler were all healthy ; the dog that bit the ten Russian soldiers sent by Prince Zaghit was not rabid ; there was no proof that the pug that licked Miss Morisini was rabid ; the animal that bit the policeman, Coterill, sent from Nottingham, was merely a frightened cur ; the dog that bit the gentleman from Worcester was not rabid. Lord Doneraile was bitten through his glove ; the Russian Doctor Gamalia, of Odessa, was inoculated for luck, and never had been bitten. M. Pasteur's assistants were all inoculated, not because they had been bitten, but for fear they might be. It has been stated that no patient has been injected without a veterinary certificate as to the rabid condition of the dog that bit him, but this Dr. Stockwell declares of his own knowledge to be untrue. Moreover, as the most profound veterinarian cannot say with certainty whether a dog is mad or not, all such certificates must be received with great caution. Indeed, it is a fact that in many cases the sole symptom relied upon has been the presence of foreign bodies in the stomach of the suspected animal ; but Dr. Spitzka found these foreign bodies in forty dogs dissected in Professor Draper's laboratory, which certainly were not mad or destined to become mad. He adds, 'It was the demonstration of this fact, of which every laboratory tyro is aware, that led to the discontinuance of the project for establishing a Pasteur Institute in New York ;' so that it is evident a considerable proportion of the dogs supposed to be mad must be eliminated from the list before we can draw any trustworthy conclusions from M. Pasteur's statistics.

What risk does a man run who has been bitten by a dog that is really rabid ? Well, the risk is much less than you would *a priori* suppose. The editor of the *Medical Times and Gazette*, for October 31, 1886, says : 'Ninety-five per cent. of the persons bitten by mad dogs escape hydrophobia.' In France, in the department of the Seine, for the

years 1881, 1882 and 1883, two hundred and sixty-eight persons were bitten by dogs actually rabid, and of this number only thirty-four succumbed to hydrophobia. John Hunter says that one in twenty persons bitten by rabid animals will suffer from hydrophobia. The late Professor Dick, Professor of the Edinburgh Veterinary College, used to declare that hydrophobia was nothing but a nervous disease occasioned by fright. He had been bitten by dogs under his care for rabies, and should not consider it a serious matter if he were bitten again. Professor Youatt was bitten seven times by dogs under treatment for rabies, and knew of four hundred persons who had been similarly bitten, none of whom experienced any ill effects. In the infirmary of M. Bourril, the well-known veterinary surgeon of Paris, eight persons were bitten by dogs dying of rabies; all of whom escaped. Dr. Stockwell says that ninety-five per cent. escape; Stephens, who has a theory that hydrophobia is a fancy bred in man, never loses a chance of being bitten by a mad dog. He has been wounded by canine teeth forty-seven times, and a disciple of his nineteen times. Certainly the great majority of bitten persons escape; and this is true not only of man, who may reasonably be supposed to adopt some precaution or treatment by way of washing, sucking or destroying the virus, when bitten, but it is true also of animals who can take no such care. The cat which was bitten by the dog at the same time as the man who died recently, it is said of hydrophobia, suffered no ill effects; and it by no means follows that the dog which is bitten by a mad dog will go mad in consequence. Hertwig, the celebrated pathologist, had a poodle of his bitten and inoculated with rabid matter nine different times. He did his best to cause rabies, but always failed—the dog was never the worse. Dr. Stockwell says in dogs experimentally bitten from three to eleven times, at the German Veterinary Schools, all have escaped. Grove declares that but one dog out of every twenty bitten by other and known rabid dogs ever contracts canine madness. John Hunter says one in twenty-five; Nieuman, one in thirty-five; and Fahre's extended researches reveal but a total of thirty-one out of eight hundred and ninety-two. This, it seems to me, is the secret of the immunity supposed to be attained by M. Pasteur's inoculations. He tells us that he renders sixteen out of twenty dogs refractory to rabies by his inoculations, but were they refractory to start with? It appears to me that M. Pasteur has mistaken coincidences for consequences—a not uncommon mistake, especially when an experiment is undertaken to prove a preconceived theory. ■

“If there is a poison, how is it to get into the wound? and how does it get into the system? The dog has no apparatus for injecting; the virus has, any way, but small chance of penetrating; and if the wound



is washed, cupped or cauterized, or treated with various re-agents, the risk is reduced to a minimum. Speaking on this point, Professor Delabere Blaine says : 'A very long experience and close observation of innumerable cures make me absolutely confident that the destruction of the bitten part is a certain preventive, and that such destruction is as effectual at any time previous to the symptoms appearing as at the first moment of the bite.' And let me call your attention to the fact that Drs. Navarre and Cattereaux, who were deputed by the municipal authorities of Paris to inquire into the statistics of M. Pasteur's cases, reported that every one of the patients had been cauterized. Let me also inform you that M. Pasteur himself says that the cautery applied within two hours of a bite is a certain preventive.

"How does the poison enter the system? It cannot at once enter the torrent of the circulation, or it would show sooner. It can not be through the medium of the lymphatics, or the glands would be affected. Authorities aver that no patient is safe until twelve months have elapsed; some say two years or more. Where does it lie hid all the time? and how can we say M. Pasteur's recent patients are safe? Two young men met at Havre, in January, 1853; one was going to America, and both were accidentally bitten by a strange dog. The one that stayed at home died within a few weeks of hydrophobia. The other did not hear of his friend's demise until his return in 1868, fifteen years later. He then took ill himself, and died of the same disease. A poor woman was dying of hydrophobia, as she thought. Her physician scouted the idea, and to prove his sincerity kissed her foaming lips. Struck by the conviction that he must be right, and by the confidence he displayed, she shook off the symptoms, and went about her work as usual. Three weeks later she met a friend who exclaimed, 'Oh! I am so glad to see you; I thought you would be ill, because the dog that bit you has just died raging mad.' The woman went home, took to bed again, and ultimately died of hydrophobia. Are we to conclude from these facts that Professor Dick is right, and that hydrophobia is a purely nervous disease? If that is so, we can easily understand how the number of cases is increased whenever sensational articles appear in the newspapers.

"In May, 1884, M. Pasteur says: 'You have only to submit to my three inoculations, and you need not have the slightest fear of hydrophobia.' 'I can prevent rabies at any time prior to its first acute symptoms, even though years have elapsed since the bite.'

"Let us see how M. Pasteur has fulfilled his promises in this respect. In the *British Medical Journal* for January 15, 1886, there is an account of a patient who had been bitten in the hand more than a year before.

Feeling some slight pain in the wound, and excited by the talk of hydrophobia, the man applied to M. Pasteur, who declined to treat him, exclaiming, 'I can preserve, but I do not cure.' The poor fellow went home, frightened out of his senses, and died of hydrophobia. Although M. Pasteur, in his first announcement, declared he could prevent rabies at any time, on the death of his first patient he suddenly shortened the unlimited period to thirty-five days; thereby placing the patient who died beyond the pale of exactly one day. Directly afterwards, however, a patient died who applied within sixteen days of the bite, whereupon M. Pasteur reduced his unlimited period to fifteen days; and as it appears that the intensive inoculations must be applied immediately, it seems highly probable that the fifteen days will speedily be reduced. In all, up to January 1st of this year, Pasteur's inoculations have been applied to 2,496 patients. A very small proportion of these have been bitten by rabid animals; some have not been bitten at all; many were protected by their clothes, boots or gloves; most, if not all, had been cauterized, and if M. Pasteur's system had been worth a rush, not one would have died. Yet up to the end of last year fifty-three perished of hydrophobia, twenty-two have died since, and, as no one is safe for at least a year, there is no telling how many may yet develop the disease!

"It is clear that the inoculations do no good, but it is by no means equally clear that they have not themselves caused hydrophobia. Professor Peters is strongly of the opinion that they have done so, and Dr. Graucher, the gentleman who has injected thousands of patients for M. Pasteur, frankly admits that this is possible.

"Fifty years ago Dr. Abercrombie wrote: 'In the sciences which deal with the powers of living bodies, there is a great temptation to grasp at premature inductions; and when such have been brought forward with confidence there is often difficulty in exposing their fallacy, for in such a case it may happen that as long a course of observation is required for exposing the false conclusion as for ascertaining the truth.' It appears to me this is precisely our position in dealing with M. Pasteur. I have been asked, What is the *rationale* of his process? but I can not reply; for, to speak the truth, I see no sense in it at all. A patient is bitten, and is no worse for the bite; he is injected, and experiences no ill effects; whereupon he is told that he is cured. Cured of what? There is no analogy between this system and that of vaccination. M. Pasteur does not give his patients a mild attack of hydrophobia to prevent their dying of a severe attack; his injections produce no reaction whatever; and in the great majority of cases have no more effect (as Dr. Billings, who took the Newark children to him, has remarked) than

so much rain water ; and it is very fortunate when it is so, for in those cases *where definite results have followed death has been the consequence.*"—*Med. Press and Circular.*

Do these results justify the enthusiasm of the *Medical Era* over the report of the British Commission, even though

"It is English, quite English, you know"?

We also quote from the *Homœopathic World*, which has, like ourselves, been called upon to retract its heretical opinions concerning Pasteurism :

"Since M. Pasteur forsook the paths of science and took to experimenting on men and beasts, there is nothing that has been so dear to his heart as a good-sized illusion. Naturally, therefore, that most illusory document, the Report just issued by the English Hydrophobia Commission, has raised his spirits to the highest possible pitch. The unfortunate part of the business is that M. Pasteur is not alone in his love for illusions ; the disease is infectious, and most people have it some time in their lives, and with many it becomes chronic. We do not know if it is dependent on a special microbe, but of this we are certain, that M. Pasteur with his inoculations has spread the malady to such an alarming degree, and in such a virulent form, that it seems as if the world would never escape from the epidemic and recover its sober senses.

"The report which has inspired M. Pasteur with this wonderful exultation is signed by an imposing array of names, including those of Sir J. Paget, Sir J. Lister, Dr. Quain, and Mr. Fleming ; and to the uninitiated it appears as if these eminent men had done something more in the investigation than signing the report. According to *The Lancet*, however, that is all they did, and from internal evidence we gather that *The Lancet* is right.

"The Report apparently gives strong support to M. Pasteur. On what grounds ? First on the strength of an examination by 'some' members of the committee of ninety 'unselected' cases (in twenty-four of which only was there evidence of any real danger) occurring after the first five deaths had taken place, and at a time when M. Pasteur, rather scared by the deaths, was, as Dr. Richardson suggested, probably using nothing more dangerous than simple broth. None of these ninety died, and this, according to the commissioners, showed that M. Pasteur saved a number of their lives ! Of the five deaths which occurred among those inoculated before these 'unselected' cases, and the eighty deaths which occurred afterwards, the Commission have nothing to say,

"The second ground of support is certain experiments on animals made by Mr. Horsley, which confirm, says the Report, 'M. Pasteur's discovery of a method by which'—not *men* but—'*animals* may be protected from the infection of rabies.' That is to say, if they are inoculated *before* being bitten, and not *after*, which is M. Pasteur's method in his experiments on human beings.

"On these flimsy grounds, which will not bear the smallest weight of criticism, the Commission have built up this Report, which has roused afresh the flame of fanaticism in M. Pasteur.

"The way in which the writer of the Report tries to wriggle out of the necessity of bringing home to M. Pasteur the onus of the death of the unfortunate man Goffi is anything but edifying. Mr. Horsley is fond of bringing charges of falsehood against his opponents in controversy. We should like to ask him to explain this passage in the Report he has written.

"Early this year, Mr. Horsley gave a lecture on Hydrophobia, in Kensington; and at the close of the lecture he told one of his audience that the rabbits inoculated from Goffi's spinal cord DIED IN SEVEN DAYS OF HYDROPHOBIA. According to M. Pasteur this proves that Goffi died of the inoculations—if he had died of the bite, the rabbits inoculated from him would not have died until twenty days after. In the Report Mr. Horsley carefully abstains from saying that the rabbits died in seven days. He says:

"The incubation period in the rabbits and dog inoculated from his [Goffi's] spinal cord, *was such as has been observed after similar inoculations with virus derived, not only from rabbits inoculated in series by M. Pasteur, but from a dog, a cat and a wolf that died of ordinary rabies.*"

"A very roundabout way of saying 'seven days' this! If the Report tells the truth, this sentence means that inoculation from a dog, a cat and a wolf, that have died of ordinary rabies have caused the death of rabbits in seven days, thus upsetting M. Pasteur's whole theory, which rests on the assumption that rabies of that virulence can only be produced by passing through a long series of rabbits; and proving that the test he has laid down for distinguishing between rabies from ordinary infection, and rabies from inoculation with rabbit hydrophobia, is worthless. If M. Pasteur's theories still hold good, the Report in which he is now glorying has gone a long way round to obscure the truth in order to save his credit. There is a miserable want of straightforward dealing in all this which is any thing but creditable to those who are responsible for it. But this is all of a piece with the history of Pasteurism from the beginning.

"However, Pasteur has some reason for exultation; has measured his public—

" 'A mad world, my masters!' "

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## ON THE USE OF WARM PERMANENT, BUT INDIFFERENT, BATHS IN INTERNAL DISEASES.

BY DR. L. RIESS.

Translated by DR. S. LILIENTHAL.

IT is an old experience that the human body can bear a very long sojourn (for weeks and months) in water of indifferent temperature, not changing the heat of the body, as Hebra has shown in cutaneous and surgical diseases (burns, phlegmons, large decubitus, etc). But there is a whole series of internal diseases, where the same baths are decid-

edly beneficial. At the hospitals of Berlin they are in use already for a number of years.

The physiological effects, which we presuppose for the organism for a sojourn in water of indifferent temperature ( $27-28^{\circ}$  R. =  $54-55^{\circ}$  C.) even when continued day and night, or at least for hours, are chiefly of a negative nature. We fail to perceive a thermic irritation affecting the cutaneous nerves ; nor any change in the temperature of the body ; there is no alteration in the cutaneous bloodvessels, in blood pressure, in the action of the heart or in breathing. I must remark that notwithstanding regularly repeated observations of the temperature, pulse and respiration we found that only the two latter oscillated a little after the beginning of the bath. The consequence of the bath is always an inhibition on decrease of the cutaneous stimuli ; usually acting in the air produced there by the constant changes of temperature of the surroundings, leaving their impressions in the internal organs, especially on the nervous system, and such baths produce therefore a regulation and quieting of important bodily functions ; especially of the central nervous organs. Hence the permanent thermic bath finds its indication in severe disturbances of the central nervous system, especially of the spinal cord, as paraplegia of the lower extremities, paralysis of the bladder and rectum, etc., as observed in tabes, myelitis and other affections, which often appear in consequence of decubitus, which increases in bed in spite of the most careful nursing, and force the patient to seek relief during some hours of the day in the bath. There the decubitus heals, if not too far progressed, and all other symptoms may at the same time take on a more favorable turn, as the local painfulness of the vertebral column, the eccentric pains of the extremities, the torturing contractures preventing an easy position, the reflex twitchings and others. They act similarly in some cerebral affections, as chronic meningitis and apoplexy with hemiplegia (or unilateral contracture) cerebral tumors, etc. It acts also most favorably on cases of general hyperæsthesia or of general cerebral irritation, deliria, etc.

In fact the quieting action which a prolonged sojourn in indifferent thermic water exercises on cerebral irritation, is one of its greatest indications ; and in most insane asylums of any standing the use of prolonged warm baths is now applied for quieting states of psychical excitation instead of the former cold baths and douches, for thus sleep is produced and it is well known that sleeplessness is one of our greatest troubles in the treatment of nervous diseases.

But the prolonged warm bath not only removes here and there an obstreperous symptom, but it often leads to a retrogression of the morbid process which caused the disease. The motory and sensory pal-



sies, the ataxy, etc., all improve where formerly no treatment was of any avail. A few cases may elucidate our treatment.

B., 51 years old, complained for years of lancinating pains and increasing debility of the lower extremities. There was an angular deviation of the spinal column in the region of the sixth dorsal vertebra, motory paralysis of the lower extremities, sensory disturbances which after six months led to perfect anæsthesia, painful spasmodic twitchings of the lower extremities leading to tonic muscular contractures. In order to improve this spondylitis the patient was kept for months in horizontal position by firm bandaging, but though the gibbous slightly diminished, the paralytic symptoms remained the same. About New Year, '83, was put during the whole day into the permanent warm bath, but passed the night in bed. The pains and contractures soon diminished, sensitiveness gradually returned and after nine months steady use of the baths the patient could be discharged without a symptom of former paralysis. A year later he returned to the hospital with the symptoms of disseminated pulmonary disease, and post mortem showed acute miliary tuberculosis, the remnants of spondylitis, caseous peripachymeningitis and myelitis by compression.

Another favorable action of prolonged warm baths we find in their use in cystitis in consequence of these nervous diseases. I doubt whether it is generally known, that by their use it is much more easy to prevent or to remove the catarrh in cystopægia, than by keeping the patient constantly in bed. A boy of 13 entered the hospital with total paralysis of lower extremities, of the bladder and rectum, in consequence of a fracture of the vertebral column and injury to the cord. At his entrance he suffered already from decubitus and cystitis, which steadily got worse. He was put into the permanent bath, night and day. Decubitus soon healed, and the cystitis improved under the daily washing out the bladder with disinfecting fluids. For nearly ten months he steadily improved, when his parents took him home. In two weeks decubitus and cystitis had returned and he soon succumbed to it.

Of great importance is also this treatment in *tetanus*, as in its treatment the keeping off all peripheral irritation is of much value. I have treated five cases of tetanus with permanent baths. Three got well in a few days; the fourth one died, perhaps that the baths were begun too late. In the fifth, a severe traumatic case, the permanent bath, with very few interruptions, was given for nineteen days, and the patient might have recovered but scarlatina set in, which led to a fatal result.

In other general spasmodic diseases, as in chorea, its use may be recommended, but clinical cases are still wanting. In sciatica its use

gives satisfactory results. In a case of fatal multiple neuritis the permanent bath greatly relieved the atrocious pains.

*Dropsical states* are greatly benefited by them, especially anasarca, as they appear as complications of cardiac and pulmonary diseases, or from renal affections. Often external complications, as decubitus, erysipelas, gangrene, render in such cases the prolonged bath desirable and though many physicians consider cardiac and pulmonary diseases a contraindication, I witnessed disappearance of the dyspnœa and of the dropsy. Let me give again a case or two : A man of thirty-two years entered hospital with old complicated mitral or aortic defects, great compensatory disturbance with œdema from stagnation, which had resisted all treatment. There was now general erysipelas and extensive gangrene of the skin of the enormously swollen lower extremities, and as no position in bed seemed satisfactory, he was put in the permanent warm bath where he remained for two weeks and then left it, improved even in the cardiac symptoms, and able to perform gymnastic exercises. In a case of chronic nephritis, in another of endocarditis aorta and in another of emphysema pulmonum the dropsy nearly disappeared in two days after the use of the permanent warm bath, and what is worth noticing, the quantity of urine was rather diminished than increased.

Finally, let me mention obstinate cases of chronic articular or muscular rheumatism, which steadily continued for weeks in day time, gave better results than even we did hope for. In all cases where we used the permanent or prolonged thermic bath, nutrition and the general state of health improved and some patients felt so comfortable in them that they requested to be left there at night, as thus a better and more refreshing sleep was their reward.

Such treatment can be used everywhere *at home*. Over the edges of the usual bath-tub a heavy linen sheet is spread out, and fastened to the tub in such a manner, that the patient rests easily upon it, covered by the water, a rubber pillow will support the head. The tub is then covered by a rubber sheet and woolen blanket, firmly attached to the tub so that the temperature may remain the same for a long time. In many cases it may be advisable to intermit the treatment at night. Furunculosis and some slight dermatoses may be observed in some cases, but they are so slight that they ought never deter us from the continuance of the treatment.

DEAR DOCTOR! We are never too old to learn, and as some of the applications of these continued or prolonged warm baths in severe nervous affections with trophic disturbances were new to me, I thought there might be among your readers some in the same predicament. It

is an adjuvant which even the most strict Hahnemannian may use with benefit for his patient, for its chief aid consists in inhibiting all outward influences on the irritated parts, as it produces sleep. What boon to the eclectic Homœopath to have temptation removed, what benefit to every physician to have a treatment promised which cannot do injury, and may be of incalculable benefit.

100 Front Street, San Francisco, Cal.

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## REPORT OF PROGRESS IN EYE AND EAR DISEASES.

BY F. F. CASSEDAY, M. D.

*Negroes Rarely Near-sighted.*—According to Dr. Tipton of Alabama in the *Medical Journal* the negroes before the war in the south never had phthisis, but now it is the greatest scourge among them. He also says that the negro is rarely if ever near-sighted.

Ophthalmological Society of Heidelberg has awarded Prof. Helmholtz a gold Graefe medal and the sum of \$50 yearly as the greatest benefactor of science.

*Black Eye.*—There is nothing to compare with the tincture or a strong infusion of capsicum annum mixed with an equal bulk of mucilage of gum arabic and with the addition of a few drops of glycerine. This should be painted all over the surface with a camel's hair pencil and allowed to dry on. A second and third coating being applied as soon as the first is dry. If taken immediately after the injury is received this treatment will almost invariably prevent the blackening of the bruised surface. The same remedy has no equal in rheumatic, sore or stiff neck.—St. Louis *Medical and Surgical Journal*.

*Bandaging the Eyes.*—(St. Louis *Medical and Surgical Journal*.) The custom prevalent among physicians and the laity of tightly bandaging the eye as soon as it becomes inflamed or sore is a bad one. The effect upon the eye is bad. It precludes the air and its beneficial effects and at the same time prevents or retards the free egress of the hot tears and morbid secretions of the inflamed conjunctiva or cornea or both. In those cases where a foreign body has gotten into the eye the bandage (which is usually clapped on the first thing) presses the lids more closely against the ball and this increases the pain and discomfort by augmenting the lacerations caused by the foreign body. This cannot fail to be harmful. In those cases where the light is painful it is my habit to adjust over the organ a neatly fitting shade which, while it excludes the light, allows a free access of air.

*Hydrastis Canadensis in Ear Diseases.*—(Dr. Robert Cooper, *Homœopathic World*, April 1st, 1887.) Reports a case of deafness from ulceration in both ears in which he used hydrastis. Hydrastis third was given internally and a lotion of five drops of hydrastis to a dram each of glycerine and water was applied locally. The history pointed to there having been discharges from the right ear in childhood and in the left ear for more than four years. After four months there was considerable benefit and no more trouble was experienced until three months later when the discharge returned with much pain as a result of bathing. What was particularly noticeable in the case however was a number of warts on the patient's right hand. They caused her much pain and inconvenience especially at night and when shaking hands. The warts were on the opposite sides of the first phalanges of the middle ring and little fingers and besides this there were a number of corns on the feet and a large wart on the right great toe. Ferrum picrate third, one drop in three doses every day, was given and in three weeks the warts had entirely disappeared from the hands and the smaller corns from the feet. The iron picrate caused a good effect for few of the warts were remaining on the outer side of the first phalanx and the right thumb as well as upon the corresponding great toe and this was Dr. Cooper's reason for prescribing the remedy. Numbers of times have patients taking picrate of iron remarked to me concerning a noticeable alleviation of pains to corns on the feet.

*Etiology and Prophylaxis of Ophthalmo-Blenorrhœa in New Born Infants.*—(Arch. f. Kinderb. Dr. Haab.) Dr. Haab warmly commends the prophylactic treatment of Crede in new born infants, to-wit : A drop of the five per cent. solution of nitrate of silver instilled into each eye as soon as possible after birth. He thinks that the use of this substance is to be approved not only as a prophylactic but also as a customary means of treatment for purulent connective tissue inflammations. In this respect being preferable to resorcin, chloride water, carbolic acid, salicylic acid, sublimate, benzoate of soda, etc. The favorable results of the use of argentic nitrate as a prophylactic is seen in statistical compilations. Before the employment of Credé's methods 79 per cent. of infants suffered from inflammation of the eye. Since that method has been in use one per cent. have thus suffered. According to Dr. Haab true blenorrhœa neonatorum can only take place by means of gonorrhœal infection at the time of birth. Lochial secretion or fluor albus never gives rise to this condition.

*Uterine Disease in its Relation to Eye Disease.*—(Dr. F. R. Cooley of New York.

1st. In certain cases there is a direct relation between irregularities in function and diseases and concomitant affections of the eyes.

2nd. The first affection may be merely functional but there may be organic disease.

3rd. Asthenopia exists in cases where there is ametropia apparently due merely to the reflex effects of the uterine diseases on the organs of vision.

4th. In many of these cases there is paresis of accommodation.

5th. In other cases of asthenopia in which ametropia is present and the existence of uterine disease as well the former is not always relieved by glasses.

6th. Other functional anomalies than asthenopia may be observed, such as blepharospasm, diplopia and functional irritation of the retina.

7th. Long continued reflex irritation from uterine diseases may result not only in asthenopia, but as already shown by Morren, in atrophy of organic nerve and other organic changes.

8th. Irregularity of circulation and venous hyperæmia about the climacteric period may be the cause of intraocular hæmorrhages.

9th. Loss of blood from uterine hæmorrhage affects the nutrition of the nerve and retina, leading to dangerous results.

10th. A variety of pathological conditions of the uterus may be responsible for the troubles, but they may occur more often where the disease is of a chronic nature, as in displacements and lacerations of the cervix and other affections accompanied by congestion and the nature of the disease is such as to affect the normal process of menstruation.

11th. The proper therapeutic measures to be adopted in such cases are the rational treatment of the uterine disease; the correction of any existing ametropia; the temporary use of weak convex glasses where there is feebleness of accommodation. In some instances galvanism for the relief of supra-orbital neuralgia, proper food and favorable hygienic conditions (*Hom. Journal of Obs.*, July, 1887.)

A Scotch surgeon, says the *Medical World*, reports 1502 operations on the eye without a single instance of inflammatory or suppurative complication and attributes this immunity to his invariable practice of bathing the eye with a solution of corrosive sublimate from one in 5000 to one in 2000 previous to each process. These results confirm the observation of many reliable authorities.

Something more than a year ago Dr. Squibb said that he did not think he would be able to manufacture cocaine and sell it for less than ten cents a grain, but now he says he can sell it for one half cent a grain. His process is now so simple, so inexpensive and so easy that the wonder is it cost so much labor and time to reach it.



*A Clinical Study of Verbascum Thapsus.*—Dr. Howard P. Bellows read a paper with the above title before the bureau of Oph., Oto. and Laryng. of the American Institute of Homœopathy in June. The doctor introduced his paper by speaking of the use of mullein oil in his practice. For experimental purposes he prepared a tincture. He took it freely himself to produce aural symptoms. He obtained the oil in the usual manner and added alcohol to it to preserve it. The tincture thus prepared was of a reddish brown color. He quoted from provings of Hahnemann and associates. The leading sensation seems to be a pressure or sense of drawing. When pains are produced they seem almost invariably to be of the stitching or sticking character. This general effect of the drug seems to characterize the aural symptoms which it develops. The author made a proving on himself. He took fifty drops a day for eight days and one hundred drops a day for three days. On the fourth day he felt conscious of an uneasiness in the left ear. The hearing distance remained normal. No distinct pains of any sort were felt. Time after time during the proving this same uneasy sensation was felt, associated with a dull headache. The drug for proper use was by instillation and by internal medication. In numerous cases of aural disease it was without satisfactory results.

In a paper read before the British Medical Association of Brighton Mr. Snell re-directed attention to friction or massage as a mode of hastening the disappearance of corneal opacities. Though not capable of effecting all that is claimed for it he thinks it has met with more success than any other form of treatment.

Dr. J. A. Spalding of Portland read a paper entitled "Does sun-stroke affect the sight permanently" before the last meeting of the American Ophthalmological Society. So many pension claims were now coming forward asserting that they suffered from sun-stroke and permanent loss of sight in the army and finally became more or less blind, that it is quite desirable for the expert in examining such cases to be supported by greater authority than he is likely to discover in any text books or accessible literature. In point of fact there has never been reported in the vast extent of ophthalmic literature but a single undeniable case in which sun-stroke has been followed by permanent blindness and in all those cases in which the eyes were ophthalmologically examined soon after the attack. In all of these optic neuritis was distinctly marked and in several vision was reduced to a low degree, yet ultimately all of these recovered perfect vision without much if any treatment. The frequent allegations of patients losing their sight during a sun-stroke or of a dimness coming over their eyes, are simply descriptive of the incipient stage of unconsciousness and are untruthful

from a scientific point of view. These recollections became in later years the basis of patients' claims that the vision was seriously affected by sun-stroke. Dr. Spalding expresses the opinion that this is false and hoped that the members would support expert examiners against the insults of politicians and claimants' friends in refusing to grant pensions for asserted blindness fifteen or twenty years after a sun-stroke.

*Total Paralysis of the Muscles of the Left Eye.*—(Frank W. Ring, A. M., M. D. New York *Medical Record*, Aug. 13, 1887.) Optic neuritis, ptosis of the lid, and paralysis of the accommodation, and of the iris. (Traumatic.)

Master C. B., aged 14, on July 9th, 1886, while engaged in picking cherries from a tree fell to the ground and struck face downward. The right side of the nose was lacerated, the forehead cut and he received a penetrating wound over the upper left eyelid about five millimetres above the inner canthus. The lad suffered intense pain two nights and next day consulted Dr. Withers, of Paterson, N. J., who treated him until July 16th. In this interval there was great pain, complete ptosis of the lid, immobility of the eyeball and vision of the fingers at a few feet. There was also discharge of pus from the wound. The wound was opened and a piece of stick three inches in length and a quarter of an inch in diameter was removed. There was immediate relief of the intense agony, the boy suffered for a week, and a slight increase in vision.

July 28.—There is a complete ptosis of the lid, complete paralysis of all the muscles, absolute loss of movement of the eyeball, pupil slightly dilated, and only slight vision for shadows. Has no pain.

August 9th.—Vision is improving and there seems to be a slight action of the superior and inferior recti.

August 11th.—The optic nerve seems whiter, vessels perceptibly diminished in size, changes in the retina. Lid less swollen but no decrease in ptosis. The paralysis of the ocular muscles was due to shock. From this time onward applications of the electric current were made to the paralyzed muscles with undoubted benefit.

August 25th.—Slight vision in right eye, left shadows of fingers in bright light. Muscles slightly improved; counts fingers readily.

Sept. 13th.—Improvements since last stage has been slow but decided. Ptosis and action of muscles improved. Iris gives no response to light.

Feb. 22nd, 1887.—Vision has not improved to any marked extent during the last three months. From fingers at two feet he now sees 6-200ths. The nerve is bluish white, bloodvessels of retina decreased in size. He has had no pain and little discomfort from loss of vision. The right eye is 20-15ths 75. General condition excellent. In all the ophthalmic

literature on wounds of the orbit and paralysis of the muscles consulted by me I have been unable to get a case of equal interest to the above.

That a stick three inches long should penetrate the orbit and remain undetected for a week is not so remarkable, but I cannot find record of any occurring where the ultimate result of such an injury was attended with so little calamity.

The most remarkable case on record that I have been able to find is that reported of a man who received a sword thrust into the orbit penetrating six inches into the cranium. The piece was extracted and the man lived a week. An Englishman ran against the end of an umbrella while walking on a stormy night. He consulted a doctor who sent him home with a brass ferrule of the umbrella in his eye. Twelve hours afterwards two inches of brass ferrule were found sticking from the orbital plate of the frontal bone. Caution should be used in the prognosis of a penetrating wound of the orbit. Sword thrusts through the orbit are not uncommon but death almost invariably results. Dr. Roe reports a case of a pitch fork plunged into the orbit without any loss of vision but paralysis of one side. The fact of Pare extracting the end of a broken lance from the orbit of the Duke of Guise is a well known case. A laborer struck a co-laborer with a lath, driving a piece of wood two and one half inches long through the inner wall of the orbit. He recovered the use of the ocular muscles and perfect vision, which might have happened to Master C. B. had the cherry branch gone into the pharynx. An importunate beggar was soliciting alms from an Italian nobleman, whereupon he struck the beggar with a fan. Three months later a piece of the fan three inches long was removed through the palate. Dr. Knapp reports a case of coal gas poisoning where there was paresis and paralysis of the muscles of accommodation. Cases of paresis from diabetes are also reported.

Kansas City, Mo.

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## DENTAL AND FOOD ITEMS.

BY W. IRVING THAYER, D.D.S., M.D.

FOR one to begin aright and continue that same good way, always—however applied—brings a happy ending. It is for our ignorance, sins, and non-performance of duty that we suffer. Nor is this all! Others, who are always affected by our actions, suffer or are blessed with, or by us. Every reader admits this, every one believes this, because facts, experience and truth confirm it. What is the logical conclusion? Do the best that can be done every time!

"Such noble deeds lead on to golden days,  
 Hours of sweet peace, even for him who plays  
 On the great stage of uneventful thought,  
 Even with a thousand busy projects fraught.  
 A thousand incidents may stir the mind  
 With pleasures, that leave no stings behind !"

"To begin aright" dentally, we attempted to show in September in this journal the importance of commencing *early* to furnish the lime salts to the growing temporary and permanent teeth. Be it remembered that teeth "once built up, are built up forever !" Hence it follows, that any after improvements degenerate into patching up the frail structures that were for some unwise reason so feebly constructed years ago ; that is, having them—the teeth—filled, or poorly stuffed as is too often the case. Oh ! that our teeth never needed filling !

Very often, the mother or nurse, even, if they are apparently strong and vigorous—have poor, very poor, dental organs. Such persons are not the proper ones to give maternal nourishment to a growing dental organism. It will be found by a careful analysis that the pabulum furnished from the breasts of nurses who have soft and frail dental organs—that their lacteal fluid is deficient in that great and necessary element—the lime salts. If said salts are not furnished as these dense tissues need, and—please note at the time they are being formed—then these said tissues must be soft, anæmic even, unduly composed of the soft solids, and, hence, very frail !

Artificial foods will supply much or all of this deficiency, provided said foods have a normal, or better yet, the necessary supply of lime salts in their composition.

The opinion of the writer as to what kind of baby food possesses the best elements for proper tissue building, and, especially for the teeth, can be found in the September number of the *AMERICAN HOMEOPATHIST*, page 314, vol. XIII.

Every physician after knowing the truth, ought to boldly use his influence to maintain and perpetuate it for the future good of all his little patients. This is too important a matter to be forgotten by one attack of the nightmare, or anything else that will engender indifference !

When the baby begins to eat, then continue to supply the lime salts, and not starve the teeth out on Boston crackers, rice, starch, sweet breads made of fine unbolted flour, or other effeminate nonsense.

The writer undertakes to say, that, if the growing deciduous teeth have been formed out of good materials, that they will have backbone enough to become born into the oral cavity with absolutely no systemic disturbances.

Wheat, one of the best materials a wise and munificent Creator has provided for all tissue building, contains in one pound 140 grains of earthy matter, made up as follows :

Phosphoric Acid, . . . . .	66 grains.
Potassa (hydrated protoxid of potassium), . . . . .	41 "
Magnesium, . . . . .	16 "
Calcaria—lime, . . . . .	6 "
Soda, . . . . .	3 "
Ferrum, . . . . .	3 "
Sulphuric acid, . . . . .	3 "
Silica, . . . . .	2 "
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	140 grains.

These chemically combined, constitute the phosphates and sulphates. Other cereal foods contain—that is, the whole berry—much of the same elements.

No infant food should contain any raw starch ! If it does, sooner or later the infantile stomach will rebel against such pabulum, and dangerous enterica be established.

The starch found in all of the grains when used for infant or invalid food should be converted into dextrine, by the manufacturer. Dextrine can not ferment ; besides, it has the ability to healthfully stimulate the whole tract of the digestive apparatus.

By such a conversion, the granules of starch are so thoroughly broken up, that the feeblest child's stomach will readily complete its conversion into sugar, in which form it is ready for assimilation.

Let me repeat, dextrine can not ferment. Malt sugar and starch do frequently assume acetous fermentation.

It will be remembered that the starch of grain foods can be converted into dextrine by subjecting the cereal to a temperature of 350 degrees Fahrenheit for about eight hours. Now, this can only be done by an honest manufacturer.

When a child has arrived at that age when it can be permitted to have food placed in its hand, it should have no food that is constructed out of any of our cereals, that, during the process of manufacture, has passed through a bolting machine !

No one who has the best dental interest of a child under their care should allow white wheat bread upon their table for that child to get hold of. Nor cakes nor pastry made out of such bolted flour should be permitted. The reason for this is apparent to any observer, who has any desire to observe at all, that the lime salts have been completely



eliminated from the wheat and such wheat is absolutely worthless as a tissue builder for the growing temporary and permanent teeth.

These two sets of teeth can no more come out strong, healthy, flint-like and reasonably serviceable, if they have not been supplied with lime salts during their formation, than that the common human frame can continue to grow, or supply wasted tissue unless that said "frame" be continually supplied with pabulum.

There is a certain amount of lime salts derived from other food, but the great and principal supply comes from the cereal foods.

Bread made out of unbolted wheat—wheat meal—in the proportion of two bowls of graham flour to one bowl of white wheat flour, makes a light, spongy and very nutritious bread for tooth building; and, of course, blesses every other part of the corporeal frame!

Indian Brown Bread, made out of corn meal and rye meal, baked or boiled Indian pudding, plain rye bread made from rye meal, together with the graham bread as above cited, furnish all that is necessary for a calcareous supply for the teeth if used as the only bread food.

To insure good, strong, flint-like teeth, able to resist disintegrating influences, it is necessary to commence to build long before birth. This the mother alone can do under the advice of her physician. Then after birth the infant should have for its food, that that has a liberal supply of calcareous salts. Nor is this all. A line of after procedure should be followed as above, when in after years neither the patient or advisor will be disappointed.

Any reader who may wish to know the exact elemental construction of some eight different kinds of "Babies' Food," that are found in the market, will be furnished a carefully prepared and correct analysis of the most common brands, where one can know their exact formation, made by Prof. Stutzer, of Bonn, Germany, Food Analyst for the Prussian Government, by sending such a request to the writer. There is not room for so long a table here, but a fuller exposition can be obtained by addressing as above.

The British Reform League maintain that—and it's true, too—the bread in common use was 40 per cent. deficient in sustaining qualities. They say "The entire grain of wheat contained every thing that was required for nourishing purposes. That one shilling—twenty-five cents—worth of wheat meal bread, contained three times the flesh-forming, seventy times the heat producing, and three times the bone-forming"—that means teeth as well—"materials to be found in a shilling's worth of beef steak."

The 140 grains of the earthy unorganized matter in that pound of wheat, was put there by the Almighty, and means something. There was a purpose in it.

These bolting machines, an invention of the Imps of Darkness, convert a pound of wheat into twelve ounces of "fine" flour which contains but thirty grains of calcareous matter ; and four ounces of bran which contains one hundred and ten grains of the lime salts, we, like prodigals, throw away.

It is time that the medical profession wake up to the great importance of this wholesale sacrifice, and help everybody who comes within the sphere of their influence to build up a better dental foundation ; for, remember, if these organs be well provided for, all the other tissues will get their normal supply.

89 South Portland Avenue, Brooklyn, N. Y.

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### BOOK REVIEWS.

AMERICAN MEDICINAL PLANTS ; An Illustrated and Descriptive Guide to The American Plants Used as Homœopathic Remedies : Their history, preparation, chemistry and physiological effects. By CHARLES F. MILLSPAUGH, M. D. Illustrated by the author. Fascicle VI. New York, Philadelphia : Boericke & Tafel.

This, the last fascicle, brings this notable work to a conclusion. It contains the plates illustrating many of our best known medicinal plants with the descriptive text. Those who have the previous portions of this work will require no commendation of it at our hands, as it speaks for itself. To those who are not fortunate enough to possess it, we can only reiterate what has already been said in our notices that it is a work that all homœopathic physicians should have. The materia medica of our school is the bed-rock upon which the homœopathic system of medicine is founded, and the better our understanding and comprehension of the materia medica in every sense the better will be our success as practitioners. The publishers and the profession are alike to be congratulated upon its completion.

A PRACTICAL TREATISE ON THE DISEASES OF THE HAIR AND SCALP. By GEORGE THOMAS JACKSON, M. D., instructor in Dermatology in the N. Y. Polyclinic, etc. E. B. Treat, Publisher, 771 Broadway, New York. Price \$2.75.

This valuable addition to the literature of dermatology is a concise resume of the diagnosis and treatment of the diseases of hair and scalp by an author who has won a deserved reputation as a specialist in this class of diseases. The extent of the author's experience in clinical work and his researches into the literature of this unique field are apparent upon every page. Part I. is devoted to the physiology and hygiene of the hair, the latter portion of which will prove of marked advantage to the general practitioner who desires to know the best methods from one who knows whereof he is speaking. Part II. to the essential diseases

of the hair. Part III. to parasitic diseases of the hair, and Part IV. to diseases of the hair secondary to diseases of the skin. The treatment is, of course, from the standpoint of the old school, and while admirable from that point of view, as such will not commend itself to our readers. It is, notwithstanding that, a work which will prove of interest and value to physicians of every school and deserves the name of classic which has been given to the series of which it forms one. In typography and binding it reflects credit upon the publishers. We would receive with pleasure and gratitude such a work from a practitioner of Homœopathy.

DYNAMIZATION OR DEMATERIALIZATION. By J. P. SUTHERLAND, M. D.

This pamphlet, a reprint from *The New England Medical Gazette*, is a historical study of the evolution of the doctrine of dynamization in the mind of Hahnemann, from the data obtainable from his own writings upon the subject, "to the end that we may impartially judge how far this theory deserves the name of 'inspiration' bestowed upon it by its devotees." The author has presented a strong argument in behalf of his position, and this without reflection upon the value or the validity of the homœopathic law of cure.

#### ABSTRACTS.

*WHAT To Do in Cases of Poisoning.*—By William Murrell, M. D., in *Medical Register*. Emetics.—The Emetics commonly employed are the following :

1. Apomorphine.—One-tenth of a grain of the hydrochlorate—5 minims of the 1 in 50 solution—hypodermically. The *Injectio Apomorphinæ Hypodermica* may be used. The statement "that the solution should be made as required for use" is all nonsense. Apomorphine is a powerful emetic and usually acts promptly, without the production of much nausea or depression. The solution turns green in a day or two, but retains its activity. I gave a patient a hypodermic injection of  $4\frac{1}{2}$  minims of a 1 in 50 solution of hydrochlorate of apomorphine, which had been kept exposed to the light for three months, and in about three minutes it acted powerfully, completely evacuating the stomach. Six months later I used the same solution in the same dose, and it answered equally promptly, the patient vomiting at intervals for three or four hours. There was no irritation at the seat of injection. It may be given freely, for no unpleasant symptoms as a rule result from even larger doses. Should there be much depression brandy may be given freely. Smaller doses are sometimes recommended, but in cases of poisoning prompt action is essential. If given by mouth it is much less certain, and a larger dose is required. Although prepared from morphine it differs so completely in its action from that alkaloid that there is no reason why it should not be given in cases of opium poisoning. I have tried Savory and Moore's apomorphine gelatine discs, one-tenth of a grain in each, and find that they are active. Burroughs and Wellcome's

compressed tabloids are excellent, the tenth of a grain always producing emesis in from three to four minutes.

Apomorphine can be obtained either from morphine or codeine. Apomorphine from codeine has the same action as apomorphine from morphine. I find that the hypodermic injection of five minims of a 1 in 50 solution of apomorphine hydrochlorate from codeine induces copious vomiting.

Apocodeine is said to be an emetic. It may be, but it is certainly much less active than apomorphine. I gave two patients hypodermic injections of fifteen minims of a 1 in 50 solution of hydrochlorate of apocodeine without effect. The solution was prepared by Mr. Martindale, who took especial care to obtain a reliable specimen of the drug. Both patients subsequently vomited freely after an injection of apomorphine.

2. Common Salt.—Two table-spoonfuls in half a pint of tepid water. Not a very certain emetic, but has the advantage of being always at hand.

3. Mustard (the flour).—A tablespoonful in half a pint of water. This too is readily procured.

4. Sulphate of Zinc.—Thirty grains in water, repeated if necessary; prompt and safe.

5. Powdered Ipecacuanha.—Thirty grains or more in water; produces very little depression, and does not irritate the mucous membrane of the stomach.

6. Ipecacuanha Wine.—Two tablespoonfuls in water; not very prompt in its action.

7. Sulphate of Copper.—From five to ten grains dissolved in water.

8. Tartar Emetic.—Three grains in water—slow in action and usually causes much nausea and depression.

9. Antimony Wine.—An ounce or more in water.

10. Carbonate of Ammonium.—Half a drachm or more in water.

11. Powdered Alum.—A tablespoonful in water. Not very reliable.

In cases of poisoning it is not so much a question as to which is the best emetic as to which can be obtained at once. Many people vomit very readily, almost at will, and with them a draught of tepid water, dirty or greasy by preference, with the introduction of the fingers into the throat, will speedily produce the desired result. In many cases it is desirable to give a combined emetic. Thus, we may begin with a tablespoonful of mustard in a tumbler of water, and follow it as quickly as possible with an

#### EMETIC DRAUGHT.

Sulphate of Zinc	.	.	.	30 gr.
Powdered Ipecacuanha	.	.	.	50 gr.

To be taken in water.

This, again, may be followed by a hypodermic injection of gr.  $\frac{1}{10}$  of Apomorphine (5 minims of the 1 in 50 solution), repeated if necessary.

The action of the emetic is facilitated by giving plenty of tepid water. In narcotic poisoning it is often a most difficult matter to get the patient to vomit.

Multiple Antidote.—Many attempts have been made to formulate a

multiple officinal antidote, to obtain that is a mixture which would neutralize the toxic action of most, or even all, of the active poisons. Such attempts are hardly likely to prove successful, but the following is probably the best formula for such a preparation :

Saturated solution of Sulphate of	
Iron . . . . .	100 parts.
Water . . . . .	800 "
Calcined Magnesia . . . . .	88 "
Purified Animal Charcoal . . . . .	40 "

The iron solution should be kept separately and the magnesia and animal charcoal mixed in a bottle with water. When required for use the iron is poured into the bottle and the whole shaken well together. It may be administered *ad libitum*, a wine-glassful or more at a time. It is said to render preparations of arsenic, zinc, and digitalis, absolutely inert, and partly to neutralize the action of mercury, morphine, and strychnine. It has no action on the alkalies, and none on phosphorus, antimony, or hydrocyanic acid.

Iodide of starch has also been recommended as a multiple antidote. It is said that if given in large doses, it is "efficacious in poisoning by sulphuretted hydrogen, the alkalies, the alkaline sulphides, and especially the alkaloids with which iodine forms an insoluble compound."

Massage in the treatment of cases of poisoning.—Massage is undoubtedly of value in many cases of acute and chronic poisoning. In acute chloral poisoning and poisoning by aconite it serves to maintain the temperature, whilst in mercurial poisoning and chronic lead poisoning it does as much as anything to restore the condition of the affected muscles. The best methods are *effleurage* and *petrissage* combined, but in opium poisoning *tapotement* is of service. To be of the slightest value it must be performed by a properly trained and qualified person. Amateur "mashing" is worse than useless. I have seen so much good from it in cases of spinal irritation, infantile paralysis, rheumatism, neuralgia, and other diseases, that perhaps I am prejudiced in its favor. Speaking from some experience I should say that it was one of the best modes of treatment for the morphine habit. In the case of a lady recently under my care the improvement it affected was very marked. For details of methods, see *Massage as a Mode of Treatment*, 1886.\*

Fatal Dose.—It is no easy matter to say positively what is the fatal dose of any particular poison. Much depends on the age of the patient, the condition of the stomach as regards food, the occurrence of copious and early vomiting, the administration of appropriate remedies, and so on. The question of tolerance is not to be lost sight of, especially in dealing with such drugs as opium, alcohol, arsenic, and corrosive sublimate. In many of the recorded cases the exact quantity taken is not known, whilst in others the strength of the preparation is not given. Amongst the most energetic toxic agents are Aconitia (gr.  $\frac{1}{10}$ ), Digitaline (gr.  $\frac{1}{4}$ – $\frac{1}{2}$ ), Hydrocyanic acid (gr. i), Strychnine (gr. i–ii), Nitro-Benzol, and some of the animal poisons.

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\* London, H. K. Lewis, 136 Gower Street.



The legal aspects of cases of poisoning.—Should the patient die, what are you to do? If you suspect foul play leave no stone unturned to bring the guilty parties to justice. Place yourself in the murdered man's position, and act for him. Do not leave the house till the case is in the hands of the police. Take charge of vomited matter, bottles, instruments, etc., and lock them up.

In cases of accident or suicide it is not incumbent on you to act the part of a police officer.

Do not make a post-mortem examination until you receive an order from the coroner to do so. If you are not accustomed to make post-mortem examinations, and the case is of importance and likely to attract public attention, call in a skilled pathologist to "assist" you. You will give evidence first, and he can confirm your statements. Do not discount your evidence by telling people what you find; they will hear at the inquest.

If you are ordered to make an analysis of the contents of the stomach, or to examine the viscera for poison, you had better decline the responsibility unless you have a better knowledge of chemistry than falls to the lot of most medical men. Such work should be left to those who make it a special study. You are a medical man practising your profession, and have no wish to usurp the functions of the analytical chemist. You may get some useful hints, however, from Wormley's *Micro-Chemistry of Poisons*, second edition, 1885.

Before giving evidence think over very carefully what you are going to say. Better to rehearse it a dozen times in the privacy of your own chamber than to break down in public. Arrange your facts clearly and concisely, and divest your language as far as possible of technicalities. Give your evidence slowly, for it has to be taken down, not only by the coroner, but by the reporters. Give it in your own way, and do not be interrupted by any one. The coroner may stop you and say: "Quite so; and then you applied the appropriate remedies." This is all very well if you forgot something, but if your treatment has been strictly correct let the court have the benefit of it.

Think over carefully the questions you are likely to be asked, and be prepared to answer them. Read up the literature of the subject, and let your knowledge be up to date. If you do not know much about it, telegraph to some leading toxicologist and get him to coach you up in it, or at least to send you an abstract of the recent literature. It will pay you in the long run. Barristers constantly do this—why should not you?

Answer concisely, and to the point, and never volunteer a statement, unless it be to correct a false impression you may have created by a previous answer. Do not imagine that the object of cross-examination is to elicit the truth.

Do not be afraid of cross-examination.—If you have read up your subject you should be more than a match for any barrister. His knowledge is of necessity superficial, and he is hampered by the fear of displaying his ignorance.

Ptomaines—cadaveric alkaloids. Every medical man should get up the subject of Ptomaines (from *πτῶμα* a dead body), before giving

evidence in a case of poisoning. They are supposed to be alkaloids generated during decay and they closely resemble the vegetable alkaloids—veratrine, morphine, codeine, for example—not only in chemical characters, but also in physiological properties. They are commonly produced in substances which after exposure have been excluded from the air, in buried corpses, for example. Defence in case of poisoning may be that the reactions obtained were due to cadaveric alkaloids and not to any poison administered. See Stevenson on Ptomaines. *L. M. R.*, Nov. 15, 1881 and *B. M. J.*, June 23d, 1883, also his articles on same subject in Taylor's *Medical Juris-prudence*, 3d edition, and Appendix to Quain's *Dictionary*. The chemistry of the subject is well given in Wynter Blyth's *Poisons, their Effects and Detection*, p. 461.

The Fee.—I am often asked what should be the fee in a case of poisoning. It is not an easy matter to discuss, but still the subject can not be passed by in silence. Clearly it is permissible to charge more for the treatment of a case of poisoning than for an ordinary visit. The doctor may be kept for some considerable time, and the duties he has to perform are not always of an agreeable nature. He is sent for at a moment's notice, and as it is a matter of life and death he has to go at once, possibly to his great inconvenience and to the inconvenience of his other patients. The responsibility is great, and the slightest error in judgment may become the subject of public inquiry and subject him to ridicule and opprobrium. Moreover, he has to furnish himself with special and expensive apparatus which is rarely needed, and is useless for other purposes. Taking these facts into consideration, I think his fee should be the fee he would charge the same people for an ordinary midwifery case. It will vary according to the circumstances and social position of the patient, from two to twenty guineas. A specialist, and by that I mean one who has made the treatment of cases of poisoning his particular study, would be justified in charging from twenty-five to fifty guineas, including the subsequent attendance.

The Poisons in Alphabetical Order.—Arbus Precatorius. Jequirity Seeds—Prayer Beads—Jumble Beads.—These are the seeds of the Indian liquorice plant (*Abrus Precatorius*) which grows wild in most parts of India. There are several varieties, but those most commonly met with in this country are of a bright red color, with a black spot or eye. They are often sent over as presents and are given to children to play with, so that they may have an opportunity of swallowing them. They have been used in the form of an infusion in the treatment of granular lids and other eye affections. They are said to be poisonous when swallowed, but this probably is a mistake, as they are eaten as an article of diet in Egypt. In India they are used illegitimately for killing cattle, especially by the chamar or skinner caste. The seeds are powdered, moistened with water, and then rolled into little pointed cylinders or needles called "suis." The "sui"—or "sutari," as it is sometimes called from its resemblance to a cobbler's awl—is dried and fixed into a wooden handle. The animal is stabbed with one of these instruments, the point being left in the cellular tissue, and dies within a few hours. The abrus contains no alkaloid or active principle, but probably a kind of ferment, which acts in somewhat the same way as does papayotine, giving rise to the formation of enormous numbers of micrococci and

bacteria in the blood. The mortality amongst cattle from the prevalence of the practice is very great. "Sui" poisoning in man is not common, but there are several cases on record, and it is possible that it might be used for the purposes of secret murder, *B. M. J.*, Nov. 24, 1883. It is difficult to say what the treatment should be, but sweating with pilocarpine and the free administration of stimulants should be tried.

**Absinthe—Wormwood.**—This is the *Artemisia absinthium*, an indigenous plant belonging to the Compositæ. It contains a volatile oil and a bitter principle, absinthine. The liqueur absinthe is an alcoholic solution of oil of wormwood with a little angelica, anise, and marjoram.

Half an ounce of the oil produced convulsions with foaming at the mouth, dilated pupils, and symptoms of collapse. Treatment consisted of an emetic and the free use of stimulants. The patient recovered. It had probably been taken for worms.

The habitual use of the liqueur produces a chronic condition which has been called absinthism. It is characterized by restlessness at night with disturbed dreams, nausea, and vomiting in the morning, trembling of the hands and tongue, vertigo and epileptiform convulsions, in which the patient loses consciousness, falls, bites his tongue, foams at the mouth, makes grimaces, and throws his arms about. The prognosis is not unfavorable if the habit be discontinued.

**Acetic Acid.** How taken.—Not often used as a poison. Glacial acid, used for destroying warts, may be taken by mistake. Vinegar taken by women to prevent corpulence.

**Symptoms.**—Glacial acid would destroy mucous membrane of œsophagus and stomach, and perhaps give rise to perforation. Odor in breath, great pain in abdomen, etc., perhaps convulsions, collapse, death.

**Treatment.**—1. Soap and water. Large draughts of soap and water to be taken at once. Stomach-pump not to be used.

2. Lime-water, chalk and water, or whitewash and water, if at hand. Magnesia may be given freely. Dinneford's Fluid Magnesia is useful.

3. Milk, oil, and thick gruel may be used.

4. Morphine. A hypodermic injection of half a grain of morphine to ward off shock.

**ACUTE Fatty Degeneration of the Newly-Born.**—Buhl, in 1861, described the symptoms and morbid anatomy of a rare disease, occurring in newly-born infants, to which he gave the name of acute fatty degeneration. His observations have since been confirmed by Hecker, Furstenburg, Roloff, and Runge, though it cannot be said that this condition is sufficiently well known for it to take its place as a well-defined and definite disease. The infants suffering from it are generally born in a condition of asphyxia, without obvious cause, and some die asphyxiated. If it survive it mostly suffers from more or less cyanosis, with hæmorrhage from the bowels, stomach, or from the navel, on the separation of the cord. There is often jaundice, and blood extravasations take place beneath the skin, conjunctiva, or mucous membrane of the mouth; there may be general œdema; death usually takes place within two weeks. At the *post-mortem* minute hæmorrhages are found in the various internal

organs, sometimes they are infiltrated with blood; the tissues are bile-stained. On microscopical examination of the tissues of the heart, liver, kidneys, etc., they are found to be in a condition of fatty degeneration. The nature of the disease is quite unknown. It is interesting to note that a similar condition has been noted in newly-born pigs and other domestic animals.—*Providence Medical Journal*.

*WINCKEL'S Diseases*.—A somewhat similar disease as acute fatty degeneration of the newly-born has been described as occurring in an epidemic form by Winckel, and characterized by cyanosis, jaundice, and hæmoglobinuria. This epidemic occurred in the Foundling Hospital, at Dresden, in 1879, where twenty-three infants were affected in the course of a month. The symptoms noted were first of all a bluish tinge on the skin of the face, body, and limbs, with a more or less icteric tint; in some cases there was vomiting and diarrhœa. The urine was of a light-brown color, with a sediment consisting of epithelium and casts; the blood contained an excess of white corpuscles and many granular bodies. The symptoms mostly began on the fourth day after birth, death occurring in one case in nine hours, though the average duration of the disease was about two days. The sections showed a yellow staining of the skin and the internal organs. The spleen was large and hard, and dark red; the kidneys were usually dark brown in color, the microscope examination showing their tubules to be filled with granular pigment. There were punctiform hæmorrhages on the surface of the various internal organs, and fatty degeneration of the liver and heart.—*Providence Medical Journal*.

*ALCOHOLIC Asthenia*.—In the *Asclepiad*, July 1886, Dr. B. W. Richardson contributes an able article upon Alcoholic Asthenia of the Heart, and on the use of Alcohol for Feebleness of the Circulation. The classes of cases in which the phenomenon of alcoholic feebleness of the heart and circulation is represented are many. The most striking example is furnished by mothers who are nursing infants and trust to alcohol to meet the excessive taxation on their bodily powers. Instead of taking a good meal when she feels down, a glass of wine or stout is taken, and immediately, as it were, the system is revived and the child is able to receive the food it needs. This is all very well once in a way, but when it is continued day after day it produces an enormous amount of false strength drawn from the system, without giving to the body any new material to store up to reproduce flesh and blood. This model of treatment cannot fail in time to lead to permanent organic failure of the heart and circulation. Other examples are met with among men engaged in active commercial business, and those who have to work against time, especially those engaged in literary work. A glass of wine seems to quicken the flow of ideas, and their work is a succession of spurts. The exhaustion which succeeds may be so extreme as to exclude all sleep, but the work is finished, and the end is considered to justify the means. Another example is furnished by men who live on excitement, such as betting, commercial speculation, political meetings, and on the stage. Alcohol is always at hand, and is the one thing they require for emergencies. The habit becomes confirmed, and nothing

will persuade them they are injuring themselves until it is too late. The symptoms of failure of the heart from alcohol are all but uniform in whatever class of cases they may occur. The patient feels a sinking or depression at frequent periods, like that felt from want of food. In a stage further, the sensation of failure is intensified and causes lightness of the head, with nausea and giddiness. In a third stage there is manifest failure of muscular strength, with uncertainty of mind and failure of judgment. In the last stage there is complete physical and mental collapse, and stimulants fail to revivify; they only let down still lower the enfeebled life. The objective symptoms are not quickly recognised until the third stage has been reached. There are the usual symptoms of what is known as alcoholic dyspepsia, with cardiac irregularity of tone and of time. The temperature is variable, and often after a dose of stimulant it rises to fever heat; when the effect of the alcohol passes off, the temperature falls below the normal. The mental phenomena are most distinctive as the circulation varies. At one moment it is vehement and inconclusive; at another it is so feeble that it can determine on nothing definitely; at another it assumes some degree of order, but at the best it is uncertain and wavering. Meanwhile some other organ besides the brain—the lung, the liver, the kidney—follows the brain in injury; and that universal degeneration in which all parts are involved in the destruction receives its full and fatal development.

As to the treatment of these cases nothing is more difficult, and the author is certain that the only method likely to result in a complete cure is the total abstinence from alcohol. Dr. Richardson states that he has never seen a single recovery from alcoholic asthenia of the heart under any system of half measure or tampering with alcohol, even under the most guarded care. The physician must gain the confidence of the patient, and cannot be too firm in insisting on the complete withdrawal of every kind of stimulant, alcoholic or medicinal. The diet must be strictly attended to, and the lesson must be enforced at the start that no more food is required under abstinence than under the use of alcohol. The intervals between meals should be short at first, and the diet cannot be too light. For immediate depression a draught of hot milk and water—equal parts of the two fluids with a little sugar—affords the best support, and it is also a very good drink at meal time. Grapes and fresh fruit are good adjuncts to breakfast, as well as dinner, and a leaning towards a vegetable diet is a decided benefit. In conclusion, the author advises most strongly all sufferers from alcoholic failure of the heart to avoid tea and tobacco. Coffee is less objectionable, and cocoa is very good in some cases. The last prescription and the best is that the patient gets plenty of wholesome rest at night. To bed before eleven, rising at seven in the morning, is the first thing to be insisted upon, after the complete withdrawal of alcohol has been commenced.

*THE Movements of the Heart Illustrated by Photography.*—The application of photography to the horse in motion suggested to Dr. W. G. Thompson the practicability of securing similar views of the movements of the heart. By improved apparatus six views were taken in one second, each giving a clear and distinct image, without any blur—



ring. The results were interesting, and showed distinctly the movements, changes of form, and pulsations of the heart.

1. The long diameter may or may not shorten in systole, but it usually shortens from one-fifth to one-thirteenth.

2. The transverse diameter usually shortens one-fourth.

3. The apex does not in all cases cause the impulse-beat; and this very frequently is produced by the hardened anterior wall of the heart pressing against the thoracic walls. The form of the apex varies greatly under the influence of the different drugs.

4. The contractile power of the right ventricle may outlast that of the left, and, pathologically, the two ventricles may contract independently.

*ALIMENTARY Régime.*—*Phil. Med. Times*: This important study is the object of a new book by Professor Germain Sée, in which he details his ideas of the hygienic treatment of disease. Passing in review the usual forms of artificial alimentation, M. Sée condemns rectal alimentation, and, in fact, foods prepared with beef-teas and peptones and injected into the rectum have been found to be very little absorbed, so that this form of alimentation is certainly not only illusive, but, as rectal irritation follows so quickly upon it, it is almost useless. In regard to the buttermilk and whey-cures so much used in Switzerland and other places, Sée, in speaking of their use in obesity, says that this cure is only a form of disguised inanition. Dyspepsia he considers is simply a defective chemical operation, and the serious study of this malady must be based on the examination of the chemical products of digestion: so this leads to the necessity for the evacuation of the stomach with sounds and the careful examination of the gastric juices. Of course this throws out, as not true dyspepsia, all the atonic or spasmodic disorders. For the true or chemical dyspepsia M. Sée recommends Vichy water, and then advises the use of tea as a drink in place of wine. In fact, all through this work Dr. Sée strongly recommends the use of tea as a drink. We fancy that he recommends it because he has seen much good come from substituting tea for wine by his patients; but it must be remembered that most French people never touch tea at all, and this may be one reason why so much benefit has been derived from its use. In any case, Professor Sée is a most enthusiastic advocate of its use; but we hope that this will not induce American or English physicians to order it to some of their dyspeptic patients who already drink more tea than is good for them. *Autre pays autres mœurs.* In phthisis, he says, "Tuberculosis commences often, and finishes almost always, by gastro-dyspepsia;" and he advises the following régime:

1st. Vichy water a half hour before meals, to encourage the secretion of gastric juice.

2d. Also, before eating, a powder to absorb the gases created. (This powder consists of chalk and calcined magnesia.)

3d. The diet need not be uniform or systematic at all, and cold meats, fish, hot spiced dishes, and salt meat, even sausage, etc., can replace raw meat with advantage.

4th. Warm drinks, and, best of all, abundant stimulating infusions of tea.

5th. Finally, stomach washing, if needed.

In gout, the alimentary régime is well known and has been well studied. Here again tea is recommended in abundance, because, says M. Sée, "theine is favorable to the organic changes, and warm aromatic liquids produce a sort of washing out of the urinary tubules which are the receptacle of the uric-acid deposits."

In diabetes he advises meats of all kinds, fats of varied sorts, and one hundred and fifty grammes daily of bread or potatoes, and the roots of green vegetables; and, as drinks, tea again, or coffee, without sugar, and Vichy water after meals.

As to obesity, the régime here should be restricted to what is the strict physiological necessity; and, as many would like to know just how much is the lowest, or rather the normal, amount of food one should take, we give Dr. Sée's figures: one hundred and twenty to one hundred and thirty grammes of nitrogenized principles, which may come from two hundred and fifty to three hundred grammes of lean meat (*i.e.*, about a half-pound of meat). Then eighty to one hundred and twenty grammes of neutral fats and two hundred and fifty of carbohydrates, which can be furnished by four hundred to five hundred grammes of starchy food or of sugar; more than these quantities will increase obesity, which also is to be decreased by exercise. Drinks must not be suppressed, as some authors demand. On the contrary, in all cases they have to be increased in order to increase stomach-digestion and general nutrition. Here once more hot infusions of tea are recommended by our author, but alcoholic liquids and mineral waters are forbidden.

Heart-Diseases.—Whenever a cardiac patient presents the physical signs resulting from an insufficiency of the heart-valves, he should forthwith be put under certain hygienic rules. One of the most important of these is rest, or a "minimum of musculation," and in consequence of this an alimentary régime corresponding to the smaller quantity of heat lost and the slighter need of combustion. The food taken should not furnish more than the number of calories needed. In short, the heart's work should be limited to the smallest quantity possible. The moment there is œdema the milk-treatment is indispensable, as milk is the most powerful of all the diuretics.

Albuminuria.—The important point here is to watch the state of the skin and keep the pores open, by which means uræmic attacks may be warded off. Milk-diet, of course, is used, and he advises nourishment in small quantities at a time and often. Both the grape-cure and whey-cure are declared to be useless, or at least condemned on account of yielding very uncertain results. Clinical observation has recognized the good influence of oxygen-inhalations in albuminuria; the nutritive functions are increased, appetite is excited, the blood becomes richer in hæmo-globin, and the whole system is benefited. The induction is that these patients should seek for a mild climate with pure dry air, that is but little liable to variation of temperature; and the Mediterranean coast is especially recommended for this, as the Atlantic Ocean air is too stimulating, and mountain-climates have much too sudden variations.

*THE PATHOLOGICAL Anatomy of The Ovary.*—In the *Centralblatt für Gynäkologie*, Dr. W. Nagel, of Berlin, gives a preliminary sketch of some papers which he proposes to publish, relating the results of work on the pathology of the ovary. The materials for the work were supplied by Professor Gusserow, and the special aim of Dr. Nagel was to determine the changes caused by chronic oöphoritis. The frequent change described as small-cystic degeneration or follicular degeneration is not pathological. Leopold has observed this increase of the Graafian follicles in healthy ovaries. Prochownick only considers this condition pathological when the stroma exhibits pathological changes. The size of the follicles is a trifling matter; they naturally grow larger in some subjects than in others, independently of any change in the stroma. Indeed, after inflammatory changes of the stroma have reached a certain degree, the follicles wither. As long as the follicles have normal walls and contain healthy ova, they are healthy, be they ever so large or numerous. Hydrops folliculi has only a pathological significance in a secondary sense. Dropsical follicles, where the ova have broken down and the walls become altered, only exist when there has been previous disease of the stroma and never form large cysts. The walls of these follicles tend to atrophy, so that the fluid may readily be reabsorbed. The unilocular smooth-walled cysts, with serous contents, and larger than walnuts, are probably cysts developed from corpora lutea. Rokitansky has described a case where both ovaries were affected. A corpus-luteum cyst appears, unlike hydrops folliculi, to be a primary morbid condition. The stroma was healthy in Rokitansky's case, and there were no signs of peritonitis. Dr. Nagel believes that these cysts are more frequent than generally supposed. A structure, so vascular, and so prone to grow rapidly as a corpus luteum, would appear more likely to become a large tumor than would a simple follicle.

Dr. Nagel looks upon interstitial oöphoritis as the essential condition of chronic oöphoritis, where different stages of inflammation often exist simultaneously. Local peritonitis is not necessarily the primary condition, though it is never absent when the disease has lasted for a long period. The affection can begin as acute interstitial oöphoritis, set up by puerperal metritis or some other affection. In one case the ovaries were found considerably enlarged, tough, with relatively little peritonic deposit. The parenchyma was much increased through hyperplasia in the stroma, the primary follicles were almost completely atrophied through pressure (the patient was twenty-nine years old), and all cicatrices of ruptured follicles had disappeared. The follicles were in process of degeneration, except at one part of the ovary where the disease in the stroma had not advanced so far as elsewhere. The normal Graafian follicles were found.

When circumscribed local peritonitis is the primary disease, the surface of the ovary is covered with organized peritonic membranes. The albuginea is greatly thickened and laminated. The parenchyma may remain, even for a year or two, unchanged, the primary and mature follicles being found healthy. In other cases, bands of connective tissue, such as are sometimes found in healthy ovaries, abound in the parenchyma and appear to represent Kiwisch and Klob's diffuse parenchymatous, or simple hypertrophy, with increased density of the tissue.

In one ovary Dr. Nagel found a special cystic formation like the corpora albida in their last stage. The colloid connective tissue, which forms the chief part of a corpus albicans, softens. Then the ovary appears spongy being riddled with holes and spaces. Perhaps this is the small-cystic degeneration described by older writers.

*RECTAL ALIMENTATION By Suppositories.*—Dr. Gadd contributes an article upon rectal alimentation. The pancreatic fluid is the most active agent in converting food into the various substances by which it may nourish the system. In order to produce an artificial digestion it is necessary to act upon proteid matter at a temperature of 100° F. If the gastric fluid is used, an acid medium must be employed; if an artificial pancreatic fluid is used, an alkaline medium is necessary. In order to prepare a pancreatized extract of beef, the author uses Benger's liquor pancreaticus. To sixteen ounces of finely minced beef, add one pint of water, two ounces chloric acid in a porcelain dish, and evaporate gently into a dry extract if possible. In this way the author found he could extract from 290 to 450 grains to the pound of beef used. As a base for suppositories nothing equals a mixture of gelatin and glycerin, to which the author has given the name of *Glycogelatin*. It is made by taking one ounce of pure gelatin; cause it to become soft by soaking in one fluid ounce of water, until the whole of the water has become absorbed. Dissolve this in three and a half ounces of glycerin by means of a water-bath, and allow the mass to cool and solidify. This preparation far surpasses cocoa-butter and should always be used in preparing suppositories containing meat extracts. Suppositories can be made from the 'baby' size, weighing fifteen grains, to the larger size of forty grains each. The dried extract of meat will keep perfectly sweet for a long time in a closed vessel. It is of great importance when using suppositories that they should be well oiled before introduction, especially if made of glycogelatin, as a great amount of discomfort may be produced by a hard suppository. Feeding by the rectum is easily done by the most inexperienced hand if the nourishment can be given in the form of a suppository. If given as fluid there is the trouble of preparation, and the danger of using a syringe.—*London Medical Record*.

*OUTBREAK of Diphtheria.*—In the *Dublin Journal of Medical Science*, Mr. Mouillot records some interesting facts connected with an outbreak of diphtheria which occurred among the children in the Gorey Workhouse. On December 12, 1885, there were twenty-four children attending the female and infant school. On this day the first case broke out, and in a short time fourteen, whose ages ranged from 3 to 16 years, were attacked. In addition to these four other cases occurred—one an infant, whose sister attended the school; one the mother of one of the children; a third a child admitted after December 12, who was seized in seven days after admission; and the fourth, a patient convalescent from typhus, who was in the hospital where the cases of diphtheria were transferred as they occurred. Out of these eighteen cases two died, two had paralysis, and the remainder recovered without any after ill effects, though the recovery was slow in even the mildest case. The

routine treatment adopted was the tincture of perchloride of iron and a weak gargle of permanganate of potassium. In the severe cases stimulants were freely given, and steaming was used in three cases in which the larynx was involved, with emetics when required to relieve the dyspnœa. It was discovered that immediately behind the girls' school-room and dormitory there was a small yard through which a drain ran; this drain had become stopped up, and caused a most sickening odor immediately under the school-room and dormitory windows where these children lived. This was put down as the cause of the outbreak, and, if so, it is an instance of diphtheria arising *de novo* from a foul drain. The drain was used mainly to carry away water from the laundry, but occasionally urine was thrown down it, and possibly some of the broth used in the house. Another point noted was that the throat affection in many cases would not have warranted the diagnosis of diphtheria except for the contagious character of the outbreak, and it shows what care should be taken in isolating cases of ordinary drain-throat, as they are termed, even if there be no evidence of diphtheritic membrane to be seen.

*SPARTEINE and Nitroglycerine in Morphia Habit.*—In a note on the "Modifications of the Pulse in Morphiomania," presented to the French Académie des Sciences in March, 1887, by Professor B. Ball and Dr. Oscar Jennings, the authors discussed the mechanism of the morphia craving, and showed that there is ischæmia of the general circulation during the period of privation, and that an injection of morphia administered at this time causes a disappearance of the psycho-somatic suffering which constitutes the craving, and is followed by restoration of the pulse. In a communication to the Académie de Médecine in March they stated that they had found that morphia craving can be appeased by other drugs which restore the pulse in a similar manner. "We thought," they say, "it would be preferable to try heart tonics, and strengthen the action of this organ in moments of weakness. To this end we have employed sulphate of sparteine, which fulfills most of the conditions, and can easily be administered by hypodermic injections. We watch for the moment of weakness as indicated both by plateau in the sphygmographic tracings and by the intimate sensations of the patient. At this moment we administer an injection of from two to four centigrammes, which may be repeated when necessary, and at the expiration of a few minutes we see the pulse strengthen and the craving disappear . . . . Another medicine which procures a passing relief of the symptoms is nitroglycerine. Its effects, very similar to those of sparteine as regards the point in question, are at the same time much more rapid and much more ephemeral."

Since these reports were made Dr. Jennings reports, in the *Lancet*, of June 25, that he has administered sparteine and nitroglycerine repeatedly in fourteen different cases, and he is convinced that in these agents, properly administered, we possess a means which will enable any morphia habitué earnestly desirous of leaving off his intemperance to give up the habit. That treatment of this kind is better than restraint need scarcely be argued. Sparteine and nitroglycerine should be used only when really needed, and should not be at the patient's dis-



posal. Dr. Jennings' experience is that the effect of nitroglycerine is most satisfactory and persistent in those cases in which there is a predominance of the "yearning" over the "craving"—in which the psychical symptoms are more distressing than the bodily. But when there is more physical craving than mental suffering (morphia-nostalgia) sparteine, which is a tonic to the circulation, gives better results than nitroglycerine alone. And in the simultaneous administration of the two drugs, the one by hypodermatic injection, the other placed upon the tongue, Dr. Jennings thinks we have a perfect remedy for the morphia craving in its double psycho-somatic modality. He thinks it will be found that those patients who say they receive no benefit from this treatment do not desire to be cured.—*Journ. Am. Med. Ass.*

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### ITEMS.

The mortality from labor in China is estimated to be eight per cent., or about four hundred thousand deaths annually.

In a case of extirpation of the uterus (*intra abdominal method*), it is reported that the patient died of sublimate poisoning, 1 to 6,000.

It is asserted that salt is a valuable remedy in the treatment of scrofula, anæmia and tuberculosis. Pidoux advises phthisical subjects to use it with excess in their meals.

Dr. E. C. Spitzka, of New York, says that the report of the English Commission to investigate hydrophobia is not worthy of credence, as no proper investigation was made.

Dr. J. Hutchinson says that facial paralysis, attacks of hemiplegia and optic neuritis, so common in subjects of acquired syphilis, are never met with in the inherited form of the disease.—*Pacific Record*.

Landner, in an attempt to cut for a stone in the bladder, accidentally removed a small portion of an enlarged prostate. The patient made a good recovery and could pass his urine freely. Now this operation is suggested for an enlarged prostate.

Weak currents of galvanism applied—the negative pole to the painful spot and the positive over the nape of the neck—afford nearly unfailing relief in neuralgia. Small galvanic batteries are of inestimable use in the treatment of this frequent form of ailment.—*Technics*.

Cremation in New York has not progressed as rapidly as its promoters had hoped. The experience of last year shows that less than ninety incinerations were performed at the Newtown crematory, whereas the income from not less than one hundred and fifty would be required to defray the annual outlay.

Prof. Sydney Ringer, in his "Handbook of Therapeutics, 11th edition, says: "I generally find it useful in all forms of children's

diarrhœa to abstain from milk, and to give instead, barley water and veal broth, or chicken broth, or, best of all, Nestle's Food, which I find the best of all food, for children with great delicacy of stomach and intestines."

The Boston *Med. and Surg. Jour.*, supposed by some to be a representative of the highest medical culture, after a labored three-column editorial, with the usual apparent painful but futile Boston effort to be facetious, under the title of "The Doctor's Overcoat," arrives at the very proper conclusion that the physician should doff his overcoat and leave it in the lower hall, before visiting his patient above stairs.

Speaking of the operation of transplanting the eye of a rabbit into a human orbit, which operation was last performed by Dr. May of New York, under such circumstances and with such a result as to probably exclude it from the domain of justifiable surgery, the *Brit. Med. Jour.* says: "It is to be hoped that this is the last that we shall hear of an operation which, in our opinion, should never have been introduced."

The total consumption of cocoa is 80,000,000 pounds per annum, supplied mainly by the West Indies and South America. France heads the list with 26,000,000 pounds; Spain comes next with 16,000,000 pounds; then follows England, 14,000,000 pounds; and the United States, 8,500,000 pounds. In this last country the use of cocoa has increased more than six-fold since 1860, while that of tea and coffee within the same period has not quite doubled.

Professor N. S. Shaler, in *Scribner's Magazine* for October, contributes another of the notable papers in his series relating to the surface of the earth and allied topics, this time on "Caverns and Cavern Life." Professor Shaler describes the various groups of caverns, clearly explaining how each variety has been produced. He also gives some useful hints about explorations, and discusses the modifications of animal structure produced by living in caves. The many illustrations show picturesque views of noted caverns, grottos, lava-caves, and sea-chasms.

The thirty-sixth annual meeting of the Homœopathic Medical Society of the State of New York was held in New York Sept. 21st. The meeting was called to order by the president, Dr. H. M. Paine. A message was sent to the Homœopathic Medical Society of Pennsylvania, in session at Pittsburg, congratulating it on the fiftieth anniversary of the introduction of homœopathy into that city. A return message of greeting was received from the Pennsylvania society. The president gave a short address, recalling the early days of the society, saying that only five or six of the members present at the first meeting, in 1850, were now left, and enforcing the importance of putting forth effort with a view of promoting unity and harmony among homœopaths.

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The International Medical Congress, which has been the cause of so much contention and bad language among our regular brethren, has come and gone, and a troubled and wearied nation may once more know peace. In point of numbers it was an undoubted success, but so far as its proceedings were concerned, we have failed to see any particular boon to the medical profession, or to ailing humanity, and doubt very much if all the good accomplished was not very much more than offset by the strife engendered in the attempt to gain control of the management, and consequently fame.

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Now it is toast. We find in the *Medical Record* a paper by Dr. Hedges, in which the dangers of too liberal indulgence in that seductive substance, "toasted bread," is portrayed with the hand of a master. It produces "pain and vomiting in gastric catarrh, in fibroid induration of the stomach, or wherever there is inflammation of the mucous membrane of the intestinal tract. In inflammatory diarrheas of children the anxious mothers are forever giving toast, and it in turn is forever giving more pain and diarrhea." The omnipresent bacteria is apparently to have a formidable rival in the innocent-appearing toast, which evidently conceals a deadly purpose beneath a benignant aspect. We confess to have had a liking ourselves for toast, but the doctor has settled it, for who can indulge in that fascinating pabulum when he reflects that "the gritty particles of charcoal, insoluble in the juices of the stomach, are shoved up and down over the irritable mucous membrane like so much powdered glass, and finding their way into the intestine, scratch the inflamed Peyer's patches, or the angry mucous membrane, as the case may be, renewing and aggravating inflammatory action." Is anything more needed? Toast must go.

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We wonder if there is any one substance which has not been under the ban, and accused at one time or another of being the source of ills innumerable. We have seen potatoes charged with offense of inducing

diphtheria, apples accused of causing whooping cough, milk of producing diarrhea and cholera infantum, meat of bringing on "colds in the head," and nervousness, and now toast is added to the list as raising the old scratch in the internal economy of man. It is time to call a halt on this thing, or we must go supperless to bed. The only wonder is, that we are still alive. We must lay in with every meal the materials for several first class epidemics, to say nothing of bacteria, spirilla, *et id omne genus*.

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Another benighted brother has seen a great light, and has taken the first long step toward mental emancipation. Dr. Brodnax, of Louisiana, writes to the *Medical Register* anent the abuse of quinine: "I do not know how many times I have met, in standard works and medical journals, assertions like these: 'In the treatment of pneumonia quinine, in heroic doses, is the only safety.' 'I have no success in the treatment of this disease without quinine in full sedative doses to control the fever.' Careful observation of a considerable number of cases (near one hundred), shows me that, in this climate, quinine has this effect, to increase the temperature of the skin from one to three degrees, and the pulse eight to twenty beats. If this is the effect of its use elsewhere, by what argument can one be convinced that there is a 'sedative dose of quinine?' I have experimented on the healthy and diseased, and the effect is the same."

"A surgeon recently, in reviewing a new work on surgery, noted a mistake in the attachment of one of the articulations of the shoulder, remarking: 'This same mistake was made thirty years ago by a distinguished surgeon in his book, and has been copied by a half dozen writers in as many distinct works uncorrected.' May not this unceasing recommendation of quinine in pneumonia be somewhat of the same character? 'It is orthodox; so and so highly recommends it in his new article, of course, of course.' I am tempted to think fashion has a great deal to do in the matter, and am of the opinion that if a physician will divest himself of his books, and with thermometer in hand will sit by his patient, and for forty-eight hours watch the effects of its administration, he will have some very sage doubts as to reality of a sedative dose of quinine."

The doctor is an honest doubter, and having learned to distrust the statements of his text-books, is now in a condition to learn that wisdom is not the exclusive property of his school.

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In a paper on fever in the Boston *Medical and Surgical Journal*, by Dr. Niven, we find some interesting observations on the odors of infec-

tious diseases. It is well known that some, if not all, of the infectious diseases possess distinctive, special odors ; a fact possessing some importance from a diagnostic point of view, for if our knowledge upon this point can be so extended as to become generally available, it must prove a decided addition to the powers of the physician. According to Dr. Niven the only odor, beside that of rheumatic fever, of which there is any mention in medical literature, is a peculiar heavy and offensive smell, like that of rotten straw, which has been observed in cases of typhoid fever. It is said to be quite characteristic, and not due to filth, since it is present in cases of this disease among the most cleanly people.

The disgusting and peculiar odor of small-pox is found only in the worst cases, and is of the gravest omen. It is not present in cases which do well, and probably means merely necrosis of the tissues, and a ptomaine generated in that process. In scarlet fever there is a peculiar sweet odor of the breath, almost aromatic, far from unpleasant in itself, though rendered unpleasant by its associations. It has been noticed to be most marked in the early stages of the disease, and in some cases it has rendered possible the diagnosis of scarlet fever a day before any other symptoms of the disease appeared, and several times before the rash was visible.

The same peculiar sweet odor may often be observed in typhoid fever, though less penetrating and powerful than in certain cases of scarlet fever, though it is not altogether possible to discriminate between the odors of typhoid and scarlet fever. The odor of diphtheria, the heavy, putrid smell, is never to be mistaken for anything else. Measles has also an odor of its own, which resembles that of scarlet fever, but is quite distinguishable. It has been compared by some to the odor of old cheese or mice. Dr. Niven thinks it not unlikely that these odors are chemical products of the micro-organisms which are found in these different diseases.

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### A LYCOPodium CASE.

By W. J. MARTIN, M. D.

THE following case illustrates how we homœopathists can cure incurable cases with non-medicinal medicines ; that is, our "regular" brethren pronounce the case incurable and the medicine non-medicinal.

We were called upon on the evening of the 8th of last January by a gentleman who informed us that his three-year-old boy had been sick with pneumonia for some days, and that the physician in attendance —



an allopathist with a large practice and quite a reputation in the community where he resided — had told him that evening that the case was hopeless, every thing having been done and the patient steadily growing worse. He asked us if we would take the case. We said we would if, after seeing and examining it, we thought it could be saved. Accordingly we made a visit that evening, and found the little fellow in a very bad condition. His symptoms were about as follows : Respiration, 90 per minute ; pulse, 150 per minute ; temperature, 102 2-5° ; loud, coarse rales heard all over the chest ; breathing, almost entirely, if not altogether, abdominal ; does not cough much, and expectorates none. This condition was quite sufficient for the old-school M. D., with the means at his command, to give an unfavorable prognosis.

These were the symptoms upon which we made the diagnosis of the disease — broncho-pneumonia. But to make a diagnosis of the remedy, we had to search farther ; after that we made the prognosis. We found upon inquiry that the patient appeared better every morning, but regularly, about four o'clock in the afternoon, got very much worse and continued bad all evening ; that after every sleep he awoke awfully cross and unmanageable ; that his urine was scant and stained the diaper red ; and we observed the very marked fan-like motion of the *ala nasi*. Now, notwithstanding the fact that everybody knows that knows anything about it, that no person could continue to live very long breathing 90 times a minute, and whose heart was beating 150 times a minute — that paralysis of the heart and lungs must surely take place under these conditions — we knew enough about the powers of lycopodium to feel justified in promising a cure, because the symptoms given above were so prominent in the case.

Prof. Farrington very truly remarked in opening his lecture on lycopodium, which it was our privilege to listen to just ten years ago — and how often we have thought of it since on seeing the brilliant action of this wonderful remedy — “Lycopodium is the queen of remedies.”

The thirtieth trituration (cent.) of lycop. was prescribed, a small powder being administered every two hours. The next evening when we called we found all the symptoms markedly modified ; the remedy was continued. We called every evening ; the improvement was uninterrupted and the lycop. was continued, the interval between the doses being increased. In one week from the day of my first call the child was well, and has remained well ever since.

Such a case as this is the strongest argument that we can present in favor of our system of medicine. This poor, suffering child had been leeched and poulticed and blistered and “every thing known to medical

science" had been done for him, without staying the progress of the disease; and after "regular medicine" could do no more, a few doses of lycop. turned the tide and saved the child's life.

*Lycopodium clavatum* is a species of club-moss native to Europe and the Northern United States, having creeping stems. The spores are obtained from the fruiting tops by drying and threshing them, sifting and cleaning the powder. It is from these spores that our medicine is prepared by trituration with sugar of milk. But, according to "eminent" old-school authority, these spores simply make "a fine powder, pale yellowish, very mobile, inodorous, tasteless, floating upon water and not wetted by it, and burning quickly when thrown into a flame. It is only used as a non-adhesive powder for the protection of moist pills, to keep them from sticking together, and for dusting upon excoriated places to protect the surfaces and prevent chafing; also, used on the stage to produce artificial lightning."

To what base uses they put the "queen of remedies"—to keep pills from sticking together, and make artificial lightning at the theater. For us she fills a nobler purpose.

The thirtieth potency, some would-be authorities in our own school would have us know, possesses no medicinal powers, because they find no medicinal substance therein; and cures reported with the thirtieth are, they argue, due to other causes. Well, these may continue to theorize and argue, and we will continue to prescribe and cure with the thirtieth and even higher.

Carson Street, Pittsburgh, Pa.

## ANTISEPTIC TREATMENT.

BY GEO. M. OCKFORD, M. D.

THE antiseptic and bacteria craze has permeated the therapeutics of every school, and no wonder that its adherents have advanced antiseptic theories in the treatment of diarrhœa. Undoubtedly better results may be obtained by administering *corrosive sublimate* as recommended by Ringer in doses of one-eightieth or one-hundredth of a grain, than by the old fashioned bismuth, chalk, calomel, opiates and astringents treatment, because the *merc. corr* is homœopathic to many conditions of a diarrhœic and dysenteric character. But it is extremely doubtful if it acts in an antiseptic manner as is claimed by its advocates, but it more probably acts by virtue of the general law of similarity.—Homœopathists have no business with this antiseptic treatment, for well chosen homœopathic remedies will produce more prompt and lasting impressions. Aloes will always check the peculiar urging character-

istic of that remedy. Podophyllum acts equally promptly, and so we might enumerate hundreds of remedies which have been tried in the crucible of experience and given glory and honor to those who have administered them. The place for antiseptic treatment is outside the body and can have no place in the proper therapeutic measures of a homœopathist. The bungling methods of old school therapy may be benefited by the simplification of its methods to a crude homœopathy, even if it is called "antiseptic," but like the old chemical advocates who would combat acidity with alkalies and alkalinity with acids, the sole reliance on the dogma of septic poisoning and bacteria and employment of antidotal measures will fail to produce the best results. We do not need to follow these "strange gods" because we possess in our *materia medica* far more potent and reliable agents.

Lexington, Ky.

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#### REPORT OF PROGRESS IN EYE AND EAR DISEASES.

BY DR. F. F. CASSEDAY.

*Danger to Iron Workers from the Use of old Hammers.*—(Dr. Geo. C. Harland, American Oph. Soc., '87.). A hammer was shown from which a fragment had split off, injuring a workman. The constant concussion of the hammer causes it to assume a crystalline condition and it becomes very brittle.

*A Case of Retinitis Pigmentosa Treated Electrically.* (Dr. Miles Standish, Boston. American Oph. Soc., '87.).—The patient was a woman aged thirty-five and was myopic 1.50 D. She had worn glasses since she was seventeen years old. When first seen on April 14, 1886, her sight had been failing for three years and for the last three months had failed very rapidly, so that she could not go on the street alone after dark. Examination showed characteristic patches of retinitis pigmentosa in the periphery of the fundus of each eye. Her vision was, right eye 12-40ths; left eye 12-50ths and the fields of vision were limited to less than 20 degrees in the vertical and horizontal axes. The only treatment had been the use of a constant current of such strength as could be easily borne. This has been applied once in five days for the last fifteen months. Her present vision is, right eye 12-30ths; left eye 12-15ths and the fields of vision have now vertical and horizontal axes of 70 degrees. She now goes on the streets after dark with safety.

Dr. C. H. Williams read a paper on aseptic extraction with irrigation. (*Medical Record*, Aug. 6, 1887). The author reported five cases of irrigation of the anterior chamber after extraction with a one per cent. solution of chloride of sodium as recommended by Dr. McKeon.

Instead of the syringe a glass flask was used bearing two glass tubes blown in the side. One of these was drawn out and a fine nozzle that could be easily inserted into the anterior chamber and the other had a rubber tube and mouthpiece attached so that the pressure of the stream could be controlled by the operator. The flask had a capacity of 50 C. C., more than enough to complete one irrigation without removing the tube from the eye. The irrigating instrument and the two per cent. solution of cocaine were sterilized in the steam sterilizer and this was not found to injure the anæsthetic properties of the cocaine. The rest of the instrument and the dressings were sterilized by dry heat at 150 degrees Cent.

*Passive Motion in the Treatment of Paralysis of the Ocular Muscles.* (Chas. Steadman Bull, *Medical Record*, Aug. 6, 1887). The treatment of paralysis of the ocular muscles is, even under the most favorable circumstances unsatisfactory, and the longer the muscles have been paralyzed the more unsatisfactory are the results of the treatment whether by internal medication or external applications, or galvanism. Many cases of syphilitic paralysis improve up to a certain point and then the improvement stops, and although the paralyzed muscles may have regained some of their motility the annoying diplopia still remain. Other cases are not improved at all in spite of the methods of treatment at our disposal. Cases of rheumatic paralysis are often obstinate in treatment and it is this class of cases that the method of treatment suggested by Michel in 1877 has proved from the writer's experience the most useful. In the *Klinische Monatsblätter für augenheilkunde* for November, 1877, Michel proposes the orthopedic method of treatment of the paralysis of the ocular muscles which was novel in conception and offered theoretically certain advantages. It was based on the principle of passive motion and was very simple in execution. The paralyzed muscle is to be seized at its line of sclerotic implantation with a pair of forceps and the eye-ball is then to be pulled backward and forward in the line of the direction of the affected muscles so far as possible, even beyond the limit of contraction, and then back in the reverse direction so far as the limit of extreme relaxation, and these to and fro motions are to be continued for about two minutes. According to Michel the effect produced is greatest immediately after these manipulations and sometimes increase the contractile movements to a milli-meter and a half. The effect gradually diminishes until in about an hour it corresponds to a prism of 12 to 16 degrees in strength. The advantages claimed by Michel for this method are (1) elimination of the action of the antagonism of the muscle. (2) The brief duration of the treatment. The author treated twenty-one cases by this method, in

which the paralysis was entirely cured in eight cases, partially relieved in six cases, while in seven cases the treatment proved valueless. A more extended experience may perhaps teach us that passive motion in connection with a careful application of the galvanic current may give us better results than heretofore in the treatment of paralysis of the ocular muscles in cases of long standing.

*A Case of well nigh fatal Hemorrhage from the Conjunctivæ.* The result of an instillation of a two per cent. solution of nitrate of silver in a day old infant as a prophylactic measure. (Dr. O. B. Pomeroy, *Medical Record*, Aug. 20, 1887). B. A., a male infant from the middle class of life, was born of healthy parents on April 30, 1887. The physician did not arrive until after the child was born. The child's eyes were not especially attended to until the next day, when two per cent. solution of nitrate of silver were placed upon the slightly separated eyelids. The doctor thinks that not more than one drop came in contact with the palpebral conjunctivæ. This was at once neutralized with a solution of salt water. At once the most violent pain ensued, which continued for five or six hours, the child crying all the time. At about 7 or 8 P. M. a serous discharge was noticed which after two or three hours became tinged with blood. This continued as a slow oozing during the night, becoming more sanguinolent until about 10 o'clock the next day when the doctor arrived. He found it to be almost wholly blood, and at once resorted to cold applications and then to hot. Neither of these succeeding, he resorted to digital compression. After using various means a compress was then applied very firmly (covered) with sheet rubber applied to the eye ball. This stopped the bleeding. This compress remained for thirty-six hours. After it was removed it was found that the left had not bled a particle, but the right had lost about a dram. On the second day the lids were inspected and each upper lid showed that there had been a superficial slough. The retro-tarsal folds were swollen but the corneæ were perfect. The child recovered.

Kansas City, Mo.

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## NOTES ON CHILDREN'S DISEASES.

BY M. H. VAN TINE.

*A form of Cerebral Irritation in Children* (Jules Simon, Paris,) before the Inter-national, Med. Congress, Washington, D. C., Sept. 5, 1887.—It is independent of organic lesion, heredity or syphilis, but due in many cases to the feverish excitement by which, in the present state of modern society, even very young infants, are surrounded. They are often harassed by the loud singing of nurses, the sudden glare of lights ;



and excited by tea, coffee, or spirits—administered either directly, or through the milk of the nurse. "Light and frequently interrupted sleep and exaggerated reflexes, produce vomiting, subsultus and convulsions."

The cerebral irritation may appear in very early infancy, or may gradually develop at a later period. Toward the age of five years it terminates either by cure, or by cerebral sclerosis, epilepsy or meningitis. The physician should insist upon a strict hygiene, with the view to prevent nervous excitement of any kind, plain nutritious diet, open air by sea-side or in the country ; and for medication, he recommends the bromide. Dr. S. H. Charlton of Seymour, Ind., had traced the cause of this particular form of cerebral disease to malaria, and prolonged hot and dry weather. He emphasized the influence of heredity in this class of patients.—*Med. Record*, Sept. 10, 1887.

*Sleepless Children.* By T. C. Duncan, M.D.—Where a child is sleepless, and not apparently suffering from any ailment, it is not always easy to divine the cause, but the result is apt to be pro uctive of serious trouble, not only to the little patient, but to the physician in charge. Dr. D. mentions some of the incidental causes of wakefulness in children. "A child in pain sleeps by fits and starts," or it may not sleep until it is tired out. In teething, the mouth motions are significant. "In earache, it will pull its ear, or hold the head on one side, and swallow hurriedly." Feel the tonsils, or watch it eat, for sore throat. "In retention of urine, the child will stiffen out," and the wakefulness of cerebral irritation can scarcely be mistaken.

The three chief causes of wakefulness in children are : I. Gastric. II. Enteric. III. Bronchial.

I. By gastric, is meant, a chronic irritation of the stomach, chiefly, gastric catarrh though met with in gastritis. When the child can neither eat nor sleep, there is evidence of an irritated state of the stomach, which may be allayed by giving plenty of warm water to drink, and arsenicum alb. The stomach craves food, and the circulation is surcharged, and the brain extra-nourished, and does not get into the anæmic state that induces sleep. Here a bromide may be given. A kali stomach is present, and a kali is indicated to remove the cause. Nux is a good remedy and china for the bulimia. Sweetened hot water may be given by the bottle to satisfy the craving for food between times.

II. The enteric trouble is usually but an extension of the gastric one. The same symptoms are aggravated, and the generation of gas is the cause of great discomfort to the child. Arsenicum, belladonna, chamomilla, lycopodium and other remedies will assist the process of digestion and afford relief to the sufferer.

III. The child suffering with bronchitis, especially during resolution or in the last stage of broncho-pneumonia, will not sleep, can not, dare not sleep. The attempt to make it sleep by opiates is to jeopardize life. A few nights only will it be necessary to watch with it, when it will be beyond the stage of danger; here skill in the use of remedies will tell. To keep a child's cough just loose enough, and not too loose, is nice practice. Here, *verat. vir.*, *bell.* and *bry.* play into each other's hands nicely. These ideas I have not tried to elaborate as they deserve I perhaps have not painted them in such a manner as to arrest attention, except with those who have tried to make a child sleep, and have not succeeded.—*U. S. Med. Investigator*, March, 1887.

In speaking of the dyspepsia of early infancy, particularly of the diarrhœa verde, M. Heyem, of the Hospital St. Antoine, Paris, ascribes the green color of the evacuations at this early period, to a substance produced by a particular bacillus.

A dyspeptic state favors the development of this particular organism in the digestive tract. "It forms the contagious principle, and its germs deposited on the soiled linen, in the dejections, are the agents of contamination. He has found lactic acid the most efficient remedial agent after many trials with different substances. Easily administered and well supported, it has given very satisfactory results when used.—*Weekly Med. Review*.

NOTE.—The dose given is a teaspoonful to a dessert spoonful of a two per-cent. solution of the acid after each time of nursing.—ED.

*Summer Complaint, its Prevention and Cure.*—A. E. Gregg, M. D. Panama, Iowa.—Well known causes of this malady, whose term is applied to the diarrhœas of children in hot weather, are heat, dentition, and improper food. Children from twelve to eighteen months old are allowed meat, vegetables, pie, and other edibles, wholly unsuited to their powers of digestion. Intestinal disturbance accompanied by fermentation and the formation of butyric and oleic acids are among the results. "These acids stimulate the internal follicles to excessive secretion, and increase the peristaltic action of the bowels."

Nursing children should not be weaned during the hot months even in case of pregnancy. Plenty of cold water to quench thirst, and restricted feeding will be found necessary.

Heat acts in two ways in causing the mortality due to summer diarrhœa. Directly by its depressing effects upon the nervous system, thereby enfeebling digestion, and weakening and increasing the number of heart beats. It acts indirectly by causing fermentative changes in the food of artificially nourished children, and in the surrounding filth

generating and liberating poisonous vapors. Here judicious bathing in conjunction with scrupulous cleanliness are preventive means plainly indicated.

In the non-inflammatory diarrhœa of infants and children he gives minute doses of calomel from one-sixth to one-twentieth of a grain, with a grain of ipecac every two to four hours. He calls attention to the use of benzoate of soda, recommended by Dr. William B. Watson, of Jersey City. "It has been used, he says, with the most pleasing results." The painful stools and vomiting ceased within a few hours after taking the first dose. One grain is allowed for each year of the child's age up to fifteen grains. Administered in water or simple elixir every hour until relief is obtained.—*Iowa State Med. Reporter*.

Dr. Shank (*Archives of Pædiatrics*) recommends salicylate of sodium for the fermentation which takes place in the alimentary canal, and is regarded as the chief factor in cases of infantile diarrhœa. When there is much vomiting, he adds a quarter of a grain of calomel to each dose, with small quantities of opium to quiet the pain. Dr. S. J. McNutt derived no benefit from its use as an antiseptic in such cases, but in acute cases where there was high temperature, scanty urine and acid stools, its use was attended with satisfactory results. From one to two grains every three hours did not control the fermentation any longer than during the time of its administration. In using the bichloride of mercury for diphtheria she observed its salutary influence upon the accompanying diarrhœa. She regards it as particularly efficacious in chronic and subacute conditions, and employs the bichloride in connection with iron, as a prophylaxis for diphtheria,  $\frac{1}{50}$  of a grain being administered internally.—*Post Graduate*, July, 1887.

Brooklyn, N. Y.

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## FACIAL NEURALGIA.

TRANSLATED BY S. LILIENTHAL, M. D., FROM THE FRENCH OF DR. P. JOUSSET.

*L'Art Medical*, Sept., 1887.

**I**N the common form the principal remedies are : Nux vom., ignatia, china, arsenicum, belladonna, spigelia, aconite, coffea, glonoine, conium, chamomilla, colocynthis, gelsemium, pulsatilla, verbascum, kali bichrom., causticum, lachesis.

1. Nux vomica is the chief remedy in tri-facial neuralgia, when the painful spot is fixed in the supra-orbital nerve, when the neuralgia is intermittent and the paroxysm in the morning. Pains are violent, severely lancinating and come in shocks (fulgurant) ; worse by pressure

and motion. Dose 12 to 30 at the decline of the paroxysm and during the interval.

2. *Ignatia*. Here the pain is diminished by moving the affected part, and to keep it off the patient has to move the part continually ; worse from touching the affected part. Dose 12 and 30. Convulsive twitching of the facial muscles.

3. *Chininum sulf.* Where nux fails, as it has the same indications. Dose 30 grains, divided in three doses, at the decline of the paroxysm. Daily attack at the same hour and freedom from gastric and other complications. Never give quinine when the tongue is still coated.

4. *Arsenicum*. Burning pains, accompanied by anxiety and agitation ; relieved by hot applications and by pressure ; intermittent nocturnal paroxysms. Dose 6-30.

5. *Spigelia*. Pains radiate into the eyeball ; tearing pains, accompanied by cardiac anguish and aggravated by the slightest touch or motion. Dose 3-30. Periodical from sunrise to sunset ; worst at noon ; darting and lancinating in maxillary and temporal bones.

6. *Aconite*. Lancinating, burning pain with stitches and painful tingling ; redness of the parts ; great agitation and constant desire to move about (ignatia), though motion aggravates and is relieved by strong rubbing ; worst mornings (nux vom.) Dose, tincture or 6 to 12. Pain limited to small spot on one side ; swelling of cheek.

7. *Coffea*. Excessive pains, driving one to despair. Dose, caffeine 1.

8. *Chamomilla*. Patient unable to bear pain ; agitation and despair. Dose, 3-6 ; worse at night and by warmth ; twitching of facial muscles (ignatia) ; hot sweat about head.

9. *Glonoine*. 3 dilution. English physicians praise it, but give no indications.

10. *Conium mac.* Suborbital neuralgia ; tearing, crampy pains, especially in the evening and at night. Dose, tincture up to 6 dil. Worse from eating and drinking ; darting into the teeth with congestion to face, right side.

11. *Colocynth*. Excessive pains ; increased by motion and touch ; better by perfect rest and hot applications ; left side, pains, stitching ; darting into the eye (spigelia).

12. *Gelsemium*. Lancinating pains ; worse by compression and congestive symptoms. Dose, tincture to 12. Twitching of facial muscles with extreme general nervousness.

13. *Pulsatilla*. Chlorotic neuralgia ; pains wander about and settle in the eyes ; worse evening ; like ignatia, relieved by change of position. Dose, 6-12. Worse by chewing, talking, from hot and cold things in mouth ; in warm room.

14. *Verbascum*. Fulgurant pains (nux vom.) ; worse from location ; from closing teeth or touching them with the tongue ; red face. Dr. Cretin uses the tincture, 20 or 30 drops daily. Right side (conium), a pressive, benumbing pain, like crushing with tongs ; daily, at the same hour.

15. *Kali bichromicum*. Excessive pain in supra-orbital nerve ; worse by motion and by cold ; pale face and cold sweat on face and body, weariness after the pain. Dose, lower triturations.

16. *Causticum*. Supra-orbital neuralgia, extending into cheek bones ; face pale and yellow ; trismus. Dose, 6-30. Chronic cases ; worse at night, and relieved by rubbing with cold water ; lameness of facial muscles or trismus ; chilliness.

17. *Lichesis*. During climaxis with vomiting and over-sensitiveness. Dose, 6 dil. Left-sided orbital neuralgia.

In severe cases, before surgical means are employed, it may still be worth while to try one of these remedies, as arsenicum, nux vom., thuja, coccus cacti, mezereum, colchicum, kali carb., phosphorus, zincum, stannum, cuprum, aconite, actæa racem., baryta carb., graphites, lyco-podium, rhus tox.

1. *Arsenicum*. Burning, fulgurant pains, stitches as from red hot needles ; excessive violence of the pains ; enormous anguish, especially at the approach of night ; worst at midnight ; aggravated by noise and motion, by cold water which afterward eases ; amelioration by hot applications. Though motions usually aggravate, still the pains force the patient sometimes to get up and walk about.

2. *Nux vomica*. Genuine tic douloureux with its fulgurant pains ; often diminished by rest and lying down ; at other times relieved by changing positions.

3. *Thuja and coccus cacti* are highly praised by Dr. J. P. Tessier. We find under thuja crampy pains, violent constrictions, acute stitching, tearing pains in the superior maxilla, in the teeth along the supraorbital branch extending into the ear ; convulsive motions of the upper lip ; hot flashes in face, accompanying the painful exacerbations with sensation of internal chills ; amelioration by fresh air and motion, more rarely by the touch. Dose, 3-12. Sycosis ; pain changes from left to right ; can neither talk nor shut his mouth without pain.

4. *Coccus cacti*. Neuralgia extending to the teeth and from caput to the cervical and clavicular region.

Tessier alternates these two drugs ; one in the evening, the other in the morning.

5. *Mezereum*. All three branches are affected. Pain comes suddenly from touch, talking, masticating, especially when eating something



hot ; salivation ; stiffness of neck ; the pain increases from the slightest touch, but is relieved by strong pressure. Dose, 3-12. Neuralgic pains come quickly and leave the parts numb ; facial muscles drawn tense ; formication in the skin of chest.

6. *Colchicum*. Tearing and tensive pains with slight convulsive movements of the lips and facial muscles, especially infraorbital branch ; worse by talking. Tincture to 6.

7. *Kali carb*. Burning, stitching pains in infraorbital nerve and mandibula ; worse from least motion, from acids, from emotions, with beating of the temporal arteries ; may be caused by gout.

8. *Phosphorus*. Infraorbital prosopalgia excited by the least motion ; chewing ; so that the patient rather starves than taking food or drink. Dose, 6-24.

9. *Zincum*. Constrictive sharp pains ; eye retracted in the orbit ; lids bluish ; face pale ; tongue numb ; salivation ; pains worse by pressure. Dose, 3-30.

10. *Stannum*. Any one of the three branches ; pain gradually increasing and decreasing. Dose, 3-6. Feeling as if she would faint.

11. *Cuprum*. Fulgurant pains with anguish ; worse by touch.

12. *Actæa racem*. Recommended by Bayes. Hysterical and rheumatic tic ; pains cease at night and reappear in daytime.

13. *Baryta carb*. Sensation of coldness in affected parts. Anæmic form ; sensation as if the skin were covered with cobwebs.

Pains intermittent : Ars., cedron, china, nux vom.

“ Tearing : Colch., con., spig.

“ Lancing : Acon., coloc., gels., nux. v., spig., thuja.

“ Fulgurant : Ars., cupr., kal. carb., nux. v., verbas.

“ Burning : Acon., ars., kal. carb.

“ With anguish : Acon., ars., cham., coff., cupr., spig.

“ “ Twitching : Cupr., gels., ign.

“ Worse by pressure : Nux., zinc. By motion : Col., kal. bichr., kal. carb., nux. v., phos., spig., thuj., verb. By touch : Coloc., ign., mez., spig. At night : Ars., caust., cham., con., puls. From eating and drinking : Con., mez., phos., puls. From cold : Kali bichrom.

“ Better from cold water : Caust. From fresh air : Puls., thuj. From motion : Acon., col., ign.

100 Front St., San Francisco, Calif.

## BOOK REVIEWS.

A MANUAL OF THE PHYSICAL DIAGNOSIS OF THORACIC DISEASES, by E. Darwin Hudson, Jr., M.D., late Professor of General Medicine and Diseases of the Chest in the New York Polyclinic ; Physician to Bellevue Hospital, etc. One volume. Octavo. 162 pages. Nearly one hundred illustrations. Muslin. Price, \$1.50. New York : William Wood & Co.

This volume is the outcome of the need experienced by the author for a practical treatise upon the physical diagnosis of thoracic diseases for his own use as a teacher in the New York Polyclinic. The basis of the present volume was a small book which was circulated among his class in 1885, and which emphasized the need of a larger work. In the opening chapter the principles of physical diagnosis are lucidly explained and the regional anatomy of the chest set forth. In treating of the practical part of the work, the method of making the various examinations, by palpation, percussion and auscultation, the author is particularly happy and clear, and the results elicited are very plainly set forth. In making physical exploration of the thorax the author prefers, as far as possible, to dispense with artificial aids, and to rely upon the unassisted fingers and ear. In the synopsis of diseases the author has condensed his work to great advantage, and in very brief space given the essentials of diagnosis and treatment.

A HANDBOOK OF GENERAL AND OPERATIVE GYNÆCOLOGY. Volume II. By Dr. A. Hegar (University of Freiburg) and Dr. R. Kattenbach (University of Giessen). In two volumes. This is also Vol. VII. of "A Cyclopædia of Obstetrics and Gynæcology" (12 vols., price \$16.50), issued monthly during 1887. New York : William Wood & Co.

The second volume of General and Operative Gynæcology considers operations on the tubes, uterus, broad ligaments, round ligaments, and vagina ; operations in urinary fistula ; prolapse operations ; operations on the vulva and perineum. The history of tubal operations is comparatively new, it being only in recent times that operations for the removal of the tubes, after a proper diagnosis and due consideration, have been performed. Hegar, in his operations, does not seem to have had the phenomenal success of Tait ; for where the latter reports sixty-two operations without a single fatal result, the former has had two fatal results in thirteen cases of extirpation of gonorrhœal pyosalpinx. Success as regards relief of the symptoms is also good, though here again Hegar does not look for the reported results as obtained by Tait, who reports only one case which was not cured of all suffering. Such results, he says, are not to be expected, when the changes in the pelvic peritoneum and cellular tissue, such as are commonly found in pyosalpinx, are present. We may be satisfied with very marked improvement and with the subsequent cessation of the most annoying symptoms. These two volumes form a very complete work upon gynæcological operations, and are none the less valuable for the conservative tendencies of the authors.

DISEASES OF THE FEMALE MAMMARY GLANDS, by Th. Billroth, M.D., Vienna, and NEW GROWTHS OF THE UTERUS, by A. Gusserow, M.D., Berlin. Illustrated. These two works constitute Vol. IX. of the "Cyclopædia of Obstetrics and Gynecology" (12 vols., price \$16.50), issued monthly during 1887. New York: William Wood & Co.

The fame of Professor Billroth is so widespread that the mere mention of his name is sufficient to secure the interest and attention of the medical world in his work. The diseases of the mammary glands play an important part in gynæcology, though from the amount of space devoted to the subject it might be supposed that all of gynæcology was comprised in the removal of the uterus and its appendages, and that a woman was not complete until her ovaries had been extirpated. A work upon gynæcology which can treat of something else than castration possesses for the general practitioner all of the attraction of an oasis in a desert for a thirsty traveler.

In the present volume the diseases of the gland are thoroughly and clearly treated, and the differential diagnosis and prognosis made plain.

In the second part tumors which develop in connection with the uterus are considered. These comprise fibromyoma and myxoma, sarcoma, adenoma, papilloma, and carcinoma. What has been already said in our notices of the previous volumes of the series will apply to this, and our readers who are at all interested in gynæcology will find them almost invaluable. We must congratulate the translators upon their success in retaining the spirit of the original work, and yet making a thoroughly English work.

OTIS CLAPP & SONS VISITING LIST AND PRESCRIPTION RECORD PERPETUAL. Boston and Providence: Otis Clapp & Son. 30 patients, \$1.00; 60 patients, \$1.25

This complete visiting list, which we presume the most of our readers are familiar with, is conveniently arranged to record the prescription made as well as to keep a record of visits. It contains in addition, an obstetrical table, notes upon the pulse, respiration, dentition, disinfectants, poisons and their antidotes, and the treatment of asphyxia. With a clinical record for noting the details of important cases. It is handsomely and durably made, and of a convenient size to carry in the pocket.

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#### ABSTRACTS.

*THE Pneumatic Cabinet.*—The beneficial effects obtained by changes of climate, and particularly of altitude, with corresponding alteration of the atmospheric pressure, in the treatment of pulmonary affections, universally conceded and acted upon. Incipient phthisis is not infrequently cured by nature alone under favorable atmospheric and hygienic conditions. Referring to such amelioration, John Hughes Bennett said: "That if the process employed by nature could be discovered, and imitated by art, we might ultimately arrive at the true principle of cure." Acting upon the hint thus given various attempts

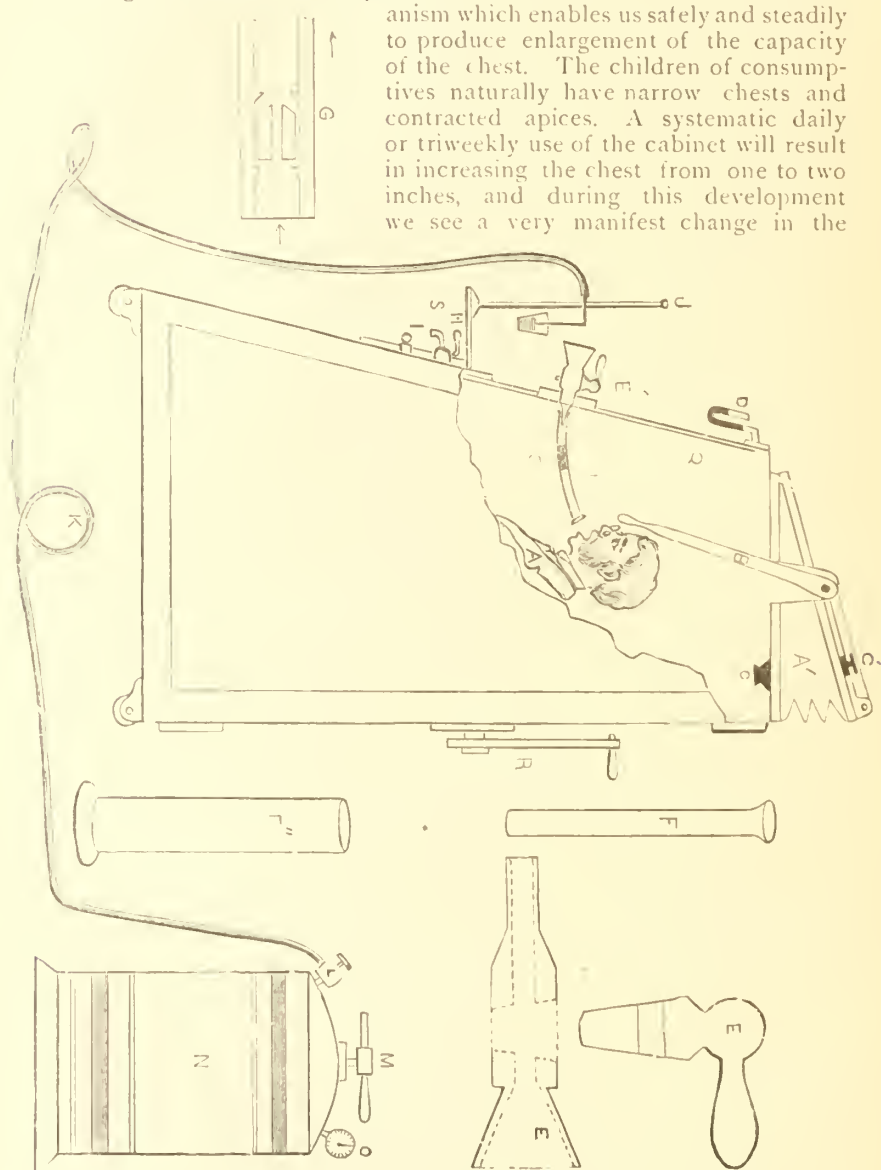
have been made to imitate nature and effect the cure of consumption by means of the alternation of the atmospheric pressure upon the body and the breathing of compressed or rarefied air. In Europe, the attempt has been made to accomplish the same results as are obtained by a removal to some different section of the country where the air has the requisite degree of density or rarefaction for the treatment of the disease in question, by means of air tight compartments, in which the patients sit for a given time, and the air is then partially altered or compressed, according to the needs of the case, which treatment is continued for a certain number of hours in the day for several weeks, or possibly months. The results obtained by these methods are sufficiently valuable to continue their use throughout Europe, as these compartments are in constant use in Lyons, Montpellier, Stockholm, London and at several places in Germany. Various portable instruments have also been devised for the inhalation of compressed or rarefied air, the best known of which is probably Waldenburgh's. These differ from the pneumatic chamber in changing the pressure of the air in the lungs, while the atmosphere to which the surface of the body is exposed remains unaltered. In the pneumatic chamber, the atmospheric pressure upon the body and in the lungs is increased or diminished according as the air in the cabinet is compressed or rarefied.

Another method, that of Hauke, called the "Wanne," or tub, has a rubber hood, closely fitted about the head and leaving the face only exposed, coming down over the shoulders like a shirt. The patient after being invested with this hood, lies down in the "Wanne," which in shape resembles a tub, having a close-fitting rubber cover which encircles the neck of the patient, and the hood is then fastened to the edge of the cover by means of an elastic band. The air is then partially exhausted from the interior of the "Wanne" which decreases the atmospheric pressure over the surface of the body, with the exception of the face. Upon inspiration the increased pressure of the outside atmospheric materially tends to expand the lungs from within, and the inspiratory act is greatly facilitated, whereas the expiratory effort is proportionally increased, and a calisthenic action of the lungs and chest walls is obtained to a greater degree than by ordinary respiratory movements.

Somewhat similar in principle to the "Wanne" is the pneumatic cabinet of Dr. Williams, which is an air tight chamber in which the patient sits or reclines, breathing from the outside through a flexible tube. A small portion of the air is exhausted, which causes a deep and pleasant inhalation, filling every part of the lungs with the air or spray, producing a stronger and more regular circulation, bringing the blood into complete relation with the oxygen of the air, and introducing the medication in every recess with ease; simply by aiding the patient to take a deeper breath than he otherwise could. The air about the body may then be compressed, compelling the exhaustion of the lungs, or the rarefied condition may be continued and the patient allowed to expel the air by his own efforts.

According to Dr J. S. Mitchell, "the most valuable effect is in phthisis pulmonalis. First, it is exceedingly useful as a lung gymnasium. When we consider that it has been gravely proposed to sever the clavicle and

the first rib in order to give greater freedom of action to the apices of the lungs if threatened with phthisis, we can realize the value of a mechanism which enables us safely and steadily to produce enlargement of the capacity of the chest. The children of consumptives naturally have narrow chests and contracted apices. A systematic daily or triweekly use of the cabinet will result in increasing the chest from one to two inches, and during this development we see a very manifest change in the



general condition of the individual. The color improves, the appetite is increased, and strength is developed; in other words, it acts through increasing circulation, as a general tonic."



"The mechanical effects," Dr. G. W. McCaskey says, "are many and far reaching.

"There is, first, the removal of a certain amount of atmospheric pressure from the body, which tends slightly to increase the capacity of the cutaneous capillaries, and possibly relieve internal engorgements. The relatively denser air from the outside rushes in, filling every permeable lobule, and distending alveoli and air-cells which were partially collapsed before. In this respect it resembles the inspiration of condensed air, and accomplishes expansion and ventilation of lung structure which



could not have been done by forcible voluntary inspiration, because of the weakened state of the chest muscles. The mere expansion of functionally inactive air-cells and alveoli is in itself a powerful agent. To effect expansion of the alveoli and air-cells at the apices

would alone, in many cases, prevent the development of phthisis, or arrest it if developed. The quickening of nutritive processes, the removal of blood stasis, and the mechanical pressure exerted upon the pulmonary structure, are alike beneficial in their results. With nutritive processes normally active, the deposition of tubercle would probably be impossible. And any agent, be it mechanical or otherwise, which brings about a higher tone of general or local nutrition is antagonistic to the development of tubercle."

From a careful study of the subject, Dr. A. B. Houghton draws the following conclusions :

"1. Pneumatic differentiation is of undoubted service in all conditions of primary infiltration.

"2. Where the febrile movement has been unchecked for many weeks before treatment, improvement, if any, will show itself within the first ten or twelve applications ; if there is no abatement of symptoms its continuance is of questionable utility, and it may be absolutely contra-indicated.

"3. That phthisical disease at the apices is more favorably treated than when at the base of the lungs.

"4. That it is possible by this means to more thoroughly medicate the lungs than by any other known method.

"5. That the expansion of the lungs by differentiation is itself a therapeutic measure of great merit.

"6. That peri-and inter-vesicular exudation is capable of cure by this method, and even third stage phthisis is benefited, at least temporarily.

"My experience is that when the febrile movement is excessive, when the evidences of septicæmia are pronounced, it is not wise to use the pneumatic cabinet, certainly until these symptoms have subsided. In cases of chronic bronchitis I have had so little experience that I can only say that if the proper remedy can be found its application is easy enough."

*MONEY Making*, one of the essentials of professional life, occupies the attention of a writer in the *Medical Reporter*. Disguised as a humorist he makes some rather telling points. He says : I am capable of giving you advice, for in the long years I have been in practice I have amassed a fortune and can now show you the way to do likewise.

In the first place I would strongly recommend you to start in practice with a new theory. Attempting to prove that the blood does not circulate would ensure a great deal of notice and might prove highly beneficial to you. Endeavor to prove the unwholesomeness of some favorite and common article of diet—the more startling and extraordinary the opinion the better—you will then obtain an enviable degree of notoriety. Be singular and eccentric in your manners. Singularity fills the general run of mankind with wonder, and from wonder to admiration the transition is obvious. Never under any circumstances affect ignorance of the cause of a complaint ; place it in the pancreas or pincal gland, if you have no other local habitation ready at the moment. Be always ready with an answer to every question a lady puts to you ; the chance is she will be satisfied with it. A lady once asking her doctor from what substance castor oil was made : he, (more *au fait* with the slang of the ring than with the science of botany, a hat or beaver being by the fancy termed a “castor,”) unembarrassed, said that it was made from the “beaver.” The fair questioner was satisfied, and considered her medical adviser a quick and sensible gentleman. A patient of mine was one day very anxious to know how long she would be ill. “Madam,” said I, “that depends entirely upon the duration of the disease.” “I am much obliged to you, doctor,” was her answer. Never readily acquiesce in anything your patient or nurse should say. Old women are extremely fond of putting puzzling questions to the doctor. I remember once hearing an elderly lady observe, “My doctor always assents to whatever I say. I think he must be a great fool.” You will always find it of great use to belong to some particular sect in religion. Attend church regularly ; you will then obtain your share of the patronage of the members thereof. It is related of a celebrated English physician, who was the son of a dissenting minister, that every time he was called out of his father’s church, which was quite often, the preacher would stop in the middle of his discourse and say, “Dear brethren, let us offer up a prayer for the recovery of the patient to whom my son has gone to administer relief.” It is not said how much this circumstance tended to the celebrity of the eminent physician, but I have little doubt that it brought him many a patient.

In trying little tricks like these you must be judicious. When I first came to Chicago I attended service regularly at a church where the pastor was a relative of mine. There was a physician already in the parish, one Dr. Grosgrain, who looked upon my advent as a personal affront. I insinuated to my reverend friend how advantageous it would be to me if he would notice my being called occasionally out of church, and he did. Dr. Grosgrain wanted some, too, and he insisted on receiving clerical attention. The next Sunday an office boy came running into the building and whispered to my opponent, who immediately left. The pastor, who was about to begin his sermon, hesitated, and then said : “Brethren, let us pray for a sick man who is in great danger ;

Dr. Grosgrain has been called to see him." This settled the Doctor and left the field to me.

In your instructions to your patients be particular in giving minute directions concerning diet. This has great effect on the minds of old women, especially if their maladies are, in a great measure, imaginary. I brought myself into notice and gained several prominent families by recommending to a wealthy old lady the *left* leg of a boiled fowl. Once when I was away on a short vacation this old lady took sick and was obliged to send for a neighboring physician who, by the way, was a well-read man. On his attempting to persuade her that the left leg possessed no particular virtue she became quite indignant, and exclaimed that "so sensible a physician must know better than you."

If you can make yourself talked about you have little to fear. If you depend solely upon your medical knowledge, judgment and experience, how fearful will be the opposition with which you will have to struggle! I would urge you strongly to keep a carriage whether you can afford it or not. People consider that a physician who drives in a carriage must be skillful, and he is patronized accordingly. A millionaire pork packer was taken seriously ill with rheumatism. Some friends, warmly recommended a certain medical man, who, they stated, was very successful. He sent for him. On the doctor's being announced the porcine baron demanded of his servant: "Does this famous physician come on foot or in his carriage?" "On foot," was the reply. "Send the scoundrel about his business; did he possess the great skill he pretends to have he would ride in his coach, and I should have been happy to have entreated him to deliver me from this terrible disease."

An excellent way to make your name known is to write a book, and I would advise you, unless you be naturally very clever, to write so that no man can make anything of it, so as neither to make downright sense, nor nonsense, thereof, than otherwise. Because thus none of the profession can well lay hold of you for any particular part; or, if they should, there is room for you to defend it, being as easy to be understood one way as the other. Write a treatise composed of well-chosen and well-joined words, which nevertheless on the whole makes not up any real sense or intelligible meaning. Thus I will suppose a man to write of sleep; now, if I wrote in this manner, it is ten to one but that it would make all who read it fall asleep, and consequently what can be better said on the subject?

But, you may say, here you have advised us to do many things which will cost us much money, whereas just now we are sadly deficient in that useful commodity. Let me tell you, people are generally employed in proportion to the manner they live, especially if once a little known; for by the employing of many artificers and tradesmen you may not only become more known, but they may also support and employ you. Thus, if you get much, you must spend much; and if you spend much you will readily get much, particularly if spent in a proper way and you are once a little known. Don Quevedo is of the opinion that the best way to run into business is to run into debt, because your creditors will employ you to get paid; as to putting this experiment into practice, I shall rather choose to leave it to your own natural genius to

direct you therein than much to persuade you thereto, since there may be danger should it not succeed.

To all these hints I will add that dancing and dressing well are not such slight accomplishments to introduce a young physician into good practice as you may imagine, because they will make you acceptable to fine society ladies; your fashionable gestures and gentle way of feeling a pulse agreeably are half the battle; nay, that, and very little else, may in time, for aught I know, go a great way to introducing you to a splendid practice.

Yours in vinculis fraternitas,

ISID. SOLOMON PLETHORA,

A. M., B. M., M. D., LL. D., A. S. S.

Prof. of Climatology, Chicago College of Aereology, Prof. of Orgasms, Chicago Institute of Specificology. Member of all the Domestic and Foreign Scientific Societies and of others too numerous to specify.—*Met Reporter*.

*A PRACTICAL Mode of Disinfecting the Room in Case of Cancer.*—From Sept., 1886, until March, 1887, I had in my house, and under my daily care, a case of Uterine Cancer. To counteract the offensive odor of this dreaded disease I made repeated experiments with the prominent disinfectants. The following proved to be all I could desire, viz.: Three (3) drachms of Potassæ Nitras dissolved in eight (8) ounces of Platt's Chlorides, full strength. In this I saturated thin muslin (cheese cloth), then dried it thoroughly. When necessary to cleanse or purify the room, I would burn small strips of the cloth on a shovel in different parts of the room and under the bed-clothing. The effect was magical. Almost instantly all offensive odors disappeared. This was repeated when necessary. (The nitrate of potash was used to aid combustion.)

The result was such that no discomfort was experienced by the attendants and no offensive odor could be detected in the adjoining rooms. The undertaker said it was the first case of death from cancer where he could detect no trace of the disease.

This method of disinfection would be equally efficient in all contagious, pestilential or infectious diseases.

H. Gerould, M. D., Cleveland, Ohio.

*MAMMARY Abscess.*—Mrs. J. H., white æt. 22, delivered seven months ago of a healthy child, which she nourishes at the breast. After exposure she experienced a succession of rigors, accompanied by severe aching in head, back, and limbs, lancinating pains through the right mamma, and followed by fever. I saw her eighteen hours later. Pulse was 120; temperature 130° Fahr.; tongue furred, marked general *malaise*. The outer and lower segments of right mamma were swelled, red, tense, and glistening, and exquisitely sensitive to the touch. I applied to the breast a square piece of rubber tissue, such as is used by dentists, sufficiently large to cover the whole organ, by tying a tape to each corner. Two of these tapes were passed around the waist and tied at the back. The two upper tapes were passed, one over the left shoulder, the other under the left axilla, and tied so as to maintain

equable pressure over the affected mamma. A small opening was made for the nipple, and milk was occasionally drawn from the breast during the following night, at first by a breast-glass, and later by the child. In twelve hours all symptoms of abscess had disappeared.

CASE II.—Mrs. R. L., white, æt. 20. Babe died suddenly when two months old. In her great grief, she paid no attention to herself. The following day both mammae were enormously swollen and tender, and she had every symptom, local and general, of beginning mastitis. The apparatus above described was applied to each breast. In thirty-six hours the secretion was completely arrested, and the rubber tissue was removed.

CASE III.—E. T., æt. 17, unmarried, under the care of her female friends, had abscess of the left mamma. It had been allowed to open of itself, and had been discharging several weeks. A more pitiful case I never saw. She was emaciated, anæmic to the last degree, had hectic, profuse night-sweats, with absolute aversion to food. The mamma was boggy over its whole extent, and riddled with sinuses, communicating with several insufficient openings. Applying the rubber tissue, I enlarged the most dependent opening. Great relief was immediately experienced. By the next day appetite had returned, and tonics could be administered. There had been no fever nor night-sweat. In four or five days all discharge had ceased. Convalescence was remarkably rapid.

The above are selected from a large number of cases similarly treated by me during the past four years. When I mention that within a week I have been called to see two cases like the first described, and did not think it necessary to pay a second visit to either, the success of this plan of treatment is made sufficiently evident.

I have applied the tissue after the establishment of suppuration, and seen the pus absorbed. Abscesses threatening to involve the whole breast have contracted to such an extent, that when opened a day or two after the application they discharged perhaps a teaspoonful, and the cavities healed by first intention.

No form of support can be devised which is so comfortable to the patient by thoroughly relieving the dragging weight of the inflamed breasts, while its equable pressure promotes absorption and prevents extension of inflammation or burrowing of pus. The tapes must be tied to the corners of the tissue. The gathering at its corners assists in adapting it to the contour of the breast, and, besides, the tissue is easily torn if punctured by a pin or needle. Care must be taken to remove the rubber as soon as the signs of inflammation disappear, or the secretion of milk will be permanently arrested. Where it is desirable to maintain the flow, I have found benefit from the use of the *phytolacca*, whether administered internally or applied locally.—*New Orleans Med. and Surg. Journal*.

*DIGESTION of Living Tissue and Self Digestion.*—It is well known that partial digestion of the stomach takes place after death, and similar changes have been observed in the lower animals. Frenzel would explain the rapid dissolution of amœbæ and infusoria on the theory that



they are dissolved by a digest formed within themselves during life. But the question has often been asked, why does not the living human stomach digest itself? The usual answer is that the alkaline blood circulating in the walls of the stomach prevents the action of the acid stomach juices. Claude Bernard and Pavy found that the limb of a living frog or ear of a rabbit introduced into the stomach through a fistulous opening will be partly digested. In order to test the matter further Frenzel (*Centralblatt für Physiologie*, No. 1, *Biologisches Centralblatt*, vi, No. 22), has immersed a frog's leg in a solution of pepsin and a 2:1000 solution of hydrochloric acid. In a short time the skin loosened in pieces, the muscles dissolved, and within an hour and a half the bones were bare. The bloodvessels were attacked as readily as other tissues. After this experiment the solution in which the limb had been immersed gave the usual reaction for pepsin. The second leg remained unaffected in a two per cent. solution of hydrochloric acid. Under the influence of the pepsin acid solution the skin was first killed and then digested. In a neutral pepsin solution a tadpole lived for twenty-four hours. In these cases the alkalinity of the blood did not protect the living tissues. The protection of the intestinal wall is usually ascribed to the mucus, but why cannot the pancreatic juice diffuse itself through the mucous layer. This mucus is entirely wanting in the intestines of insects. Why self digestion does not take place is as yet unexplained.—*Ibid*.

*FLUID Extract of May-lilies in Cardiac Disease.*—Following the suggestion of Professor A. V. Poehl, Dr. M. S. Ksianzenko has carried out a course of clinical experiments with a fluid extract of may-lilies after the following manner. The may-lily flowers are treated, after the method of percolation at 25° C., by water saturated with chloroform, and containing a little of benzaldehyde. The aqueous extract is mixed with so much of ammonia as to give the mixture a pronounced alkaline reaction, and with 20 per cent. of spirit, and is subsequently condensed in the vacuum until there has been obtained a preparation, one part of which is equal to one part (by weight) of the flowers. According to Professor Poehl, his extract contains, comparatively with other preparations of the kind, the largest percentage of convallamarin and the least one of convallarin, while it possesses a necessary stability as regards the preservation of the essential active principles from any external influences (such as fermentation). Dr. Ksianzenko administered Poehl's extract to ten patients in the St. Petersburg Hospital, and to one in his private practice. The latter, a student, suffered from a severe functional disturbance of the heart, caused by excessive mental work in connection with examinations. The hospital patients had various cardiac affections (mitral or aortic regurgitation, or both) in the stage of disturbed compensation. The extract was given in the beginning of the treatment in the dose of from three to five drops every two hours between 7 A. M. and 9 P. M.; subsequently the dose was gradually increased according to demands of the case, the highest dose reached being ten drops. The results may be summarized thus. 1. The functional case, treated by eight-minim doses every two hours, was cured in three days. Of the organic cases, the therapeutic effects of the extract were "fully suc-

cessful" in six, "temporarily successful" in three, and were *nil* in one-2. In successful cases, on a second or third day of the treatment, there were observed a marked increase of energy of cardiac contractions (an increased distinctness of the apex-beat as well as of cardiac sounds and murmurs), some decrease in the frequency of cardiac beats, improvement of the rhythm, and diminution of cardiac dilatation (limitation of the area of cardiac dullness). 3. At the same time the pulse became slower, stronger, more (or even quite) regular. The brachial sphygmograms showed a rise of the arterial tension. Pulsation of the cervical blood-vessels became more marked, while a "subjective sensation of the pulsation and cardiac palpitation" grew less. 4. From the very beginning there appeared a marked, both subjective and objective, relief of dyspnœa, and, parallel with it, also of bronchial catarrh, of hepatic congestion, cyanosis, and albuminuria. A melancholic and irritable mental state of the patients yielded its place to a more bright, hopeful, and quiet one. 5. The diuretic effect of the may-lily was manifest already during the first day of treatment. A gradual increase in the daily amount of urine went side by side with a rise in energy of the cardiac work, in the blood-pressure, and with slowing of the pulse, while the urine assumed a more normal character. 6. From the first days of the treatment, œdema of the lower limbs and ascites were diminished, to gradually disappear altogether, which phenomenon was accompanied by a marked loss of the patient's weight. 7. The patients took the medicine readily. Of accessory effects, only diarrhœa was sometimes observed, ceasing immediately after discontinuing the drug for a couple of days. 8. The useful action of the extract, in regard to re-establishing disturbed cardiac compensation, showed itself equally in the patients subjected to a treatment for the first time, and in those who had been previously treated by digitalis. In the unsuccessful case, a previous course of the treatment by digitalis, adonis, caffeine, and milk had proved also a failure. 9. When the administration of convallaria had been discontinued for several days (for the sake of experiment), all subjective and objective morbid symptoms immediately grew worse, to again improve from resuming the treatment. 10. The most useful individual dose (giving constant effects on a prolonged use) is from 5 to 7 drops, to be taken eight times a day. A higher dose (8 or 10 drops for a time, or 64 to 80 a day) is apt to give rise to gastric disturbances. 11. A prolonged use of the extract was never associated with a cumulative action. 12. Poehl's method of preparing the extract requires a further improvement, since after two or three weeks' standing (even in well-corked bottles) the fluid assumes a dark cinnamon color, becomes turbid, and foams intensely on shaking. At the same time it loses its useful action. 13. Fluid extract of the may-lily flowers may be successfully administered in organic affections of the heart in the stage of disturbed compensation. Its usefulness stands in a direct relation to its fitness for use. Catarrhal state of the gastro-intestinal tract contraindicates the employment of the drug.

*PAROXYSMAL Sneezing.*—In the *Provincial Med. Jour.* Dr. Morell contributes some remarks on sneezing. The act of sneezing in moderation is a pleasurable sensation, and is often a healthy recognition

of an atmospheric impression. When the attacks are frequent and prolonged, it becomes a distressing complaint, and one most depressing to the nervous system. Sneezing is a reflex respiratory act; an impression is made on the extremities of the terminal twigs of the nasal branches of the fifth nerve which is conveyed to the respiratory centre in the medulla, and results after two or three short quick inspirations in violent expiration. The air is directed through the nose, the fauces being closed by the drawing inwards of the anterior pillars, the falling of the uvula and soft palate, and the elevation of the back of the tongue. The perversion or exaggeration of the act of sneezing may be due to one of three causes. 1. It may be due to structural changes in the tissues of the nose, whether of an evanescent (such as congestion, or of a more permanent character, as in the case of chronic thickening of the turbinated bodies. 2. The sentient nerves of the nose may become hyper-sensitive from changes in their own structure, whether inflammatory or otherwise, or perhaps from the mere fact of being too frequently stimulated. Or the nerves of an individual may possess a special sensibility to certain impressions, as in the case of hay fever, which does not exist in the majority of people. 3. The nerve centre in the medulla may become so irritable that the slightest impression will set it in action, or that it may act of its own accord, or from ideal impression, without any stimulation through a nerve branch. In some cases these causes may be more or less combined in the same individual, or they may act separately.

*HOURS of Fate.*—Dr. Richardson tells us that in the period between midnight and six in the morning the animal vital processes are at their lowest ebb. It is at these times that those who are enfeebled from any cause most frequently die. Physicians often consider these hours as critical, and forewarn anxious friends in respect to them. From time immemorial those who have been accustomed to wait and attend on the sick have noted the hours most anxiously, so that they have been called by our old writers "the hours of fate." In this space of time the influence of the life-giving sun has been longest withdrawn from man, and the hearts that are even the strongest beat with subdued tone. Sleep is heaviest and death is nearest to us all in "the hours of fate."

*TREATMENT of Opium Poisoning by Nux Vomica.*—The author cites the case of a man who swallowed two grains of morphine, and, to be certain, over one grain of strychnia one minute after. While the action of strychnia predominated, it was kept so far in check by the morphine that mild convulsions only took place, and he fully recovered, without treatment, in a short while.

He says: "I determined to try this treatment in any given case, and, as it was, I had a very fair chance for it. Mrs. —, æt. sixty-four, was sick, and having given her repeatedly morphia, I thought I was certain that she could bear it well. One evening I directed one quart r grain of morphia every four hours. A messenger gave me next morning a very lucid account of her condition, and I could not doubt but that she was poisoned by the morphine. I had one grain sulphate of strychnia

dissolved in a half ounce of water and went. Found her insensible. Respiration four per minute ; pulse feeble, rapid, and irregular. I gave her in a quarter of an hour two hypodermic injections of the strychnia, one-tenth grain each. Being able to rouse her, I then gave her every quarter of an hour one cup strong coffee, with infusion of capsicum and one-tenth gr. strychnia. I noticed the first improvement in two hours, when the pulse got strong, almost bounding. In less than three hours the woman had taken in all one grain strychnia, when I, for the first time, noticed twitching of the extremities, when I desisted from giving her more. Only then the respiration improved to six, then eight, and then ten per minute.

Three hours after that, six hours after beginning of treatment, the respiration was normal, she was awake, and was feeling pretty well.

The lesson I received in this case was to the effect that I was giving the strychnia too slowly. If I were again placed in the same situation, I would commence by giving half grain at one dose, then following with one quarter and one-eighth grain doses until the physiological effects of strychnia manifested themselves. But there I would stop, for fear of substituting spasms of the diaphragm for paralysis of the respiratory centres.

In three hours the old lady was out of danger. Will atropia do such quick work?—*New Orleans Med. and Surg. Jour.*

*ON Tobacco ; Safe and Unsafe Methods of Exhibition.*—There is no drug included in the *Materia Medica* of which it is more necessary to be careful in regard to its introduction into the human system, a carefulness which shall result in the absorption by the tissues of just the amount required to accomplish a therapeutical result and no more, than tobacco. There is one method of exhibition spoken of by medical writers, in which this exactness can rarely be attained ; in which the drug once given passes from the control of the person administering it, and is liable to cause the gravest condition, even death ; I mean the injection of the infusion into the rectum.

So little is tobacco used by medical practitioners of the present generation, that few of them, perhaps, have witnessed the utter relaxation which it produces in the human system—an unharnessing, so to speak, of the muscular apparatus, which follows the administration of no other drug. While yet young in the practice of my profession, I encountered two desperate cases of incarcerated hernia, which called for the most powerful relaxant known to medicine. I chose tobacco ; and was happy in eschewing the infusion, and using the leaf—the ordinary cut tobacco—as a suppository. The results, I can not but esteem brilliant, even in the light of the appliances of the present day—relief being obtained in a very short space of time. On one occasion, in which a hernia in one of the cases referred to had resisted for many hours the best directed efforts of some capable physicians, I was pleased to find the protrusion released within an hour by the aid of the suppository. So complete was the paralysis of the sphincter ani, that it had released its grip of the tobacco, which was found lying outside—the anus being open sufficiently to admit a finger. The application had proved to be self-regulating—coming away when no longer needed.

The amount of the drug used was about sufficient to fill the bowl of the common smoking-pipe—estimated at 12 grains. The particles were held together by threads wrapped about them—the ends of which being allowed to protrude afforded a suitable means of withdrawal.

All the cases reported of poisoning by this drug have resulted, so far as I have learned, from faulty methods of exhibition, or from the use of an inordinate dose. In the cases stated by Pereira, as coming under the notice of Sir A. Cooper, Sir Charles Bell, and Dr. Copland, one drachm in clyster proved fatal, in each case. Pereira also relates that a half drachm in infusion has caused death. Desault has seen a like specific effect, think it a good and most useful mixture.—*Lancet*, July 16, 1887.

*A POINT Worth Knowing.*—Dr. Lute L. Von. Wedekind, in a communication to the *Med. Rec.*, presents a point which is interesting from its simplicity and efficiency. He says that by simply pressing on the supraorbital notches with a steadily increasing force, you may, with a certainty of success, detect a malingerer; bring an unconscious alcoholic to his senses, and thus differentiate on the spot between alcoholic and other comas; cause cessation of hysterical convulsions, and in many instances quiet violent alcoholic delirium.

The best way of applying this test is: When the patient is in the recumbent position, the physician, standing at the head of the cot, or kneeling when the patient is on the ground, fixes the tips of the thumbs over the supraorbital notches, as above described, never minding the occasional yell or struggle, pressing steadily, gradually increasing the force, and in half a minute or a minute the result is accomplished.

He has applied this test so frequently and with such marked and remarkable success, that he feels constrained to publish his results.

For let it be remembered that if the application of this test fail in obtaining the desired result, the physician may rest assured, and the subjoined column of cases seals this assurance, there is something more than simple alcoholism, or those other forms mentioned, in the case.

*INFECTIOUSNESS of Croupous Pneumonia.*—The most startling recent account of epidemic pneumonia is that reported by Rondet. The first epidemic occurred at the village of Fleurieu, near Lyons, and 300 yards from the river Saône. The country is low and fertile, the summers hot, and the other seasons very damp. The people are farmers, temperate, laborious, and well-to-do. Their water was obtained from wells. The epidemic started at a cold, damp, wintry, cloudy time, in a house containing a school, the family of the keeper and the instructors. The first victim was the principal, a rather intemperate man, of 55, who was seized with pneumonia March 29, which began to resolve April 10th. April 9th, a little girl of 8, who attended the school, was seized with pneumonia of the right apex. April 13th, an elder sister of the preceding came down with pneumonia. April 14th, the grandmother of the two girls developed pneumonia. She had been nursing them. She was 68 years old, in poor health, and succumbed to the disease in five days. April 21st, the brother of the last patient, a man of sixty, developed pneumonia, which proved fatal in five days. April 24th, a cousin of the



last case was seized and died in 4 days. He, with his cousin, had visited case No. 4 and had spent much time in the children's chamber. He was a man of 42, and had had a pneumonia some months before, from which he had convalesced. April 24th, a little girl of 9, who attended school where the first case occurred, was seized with pneumonia from which she defervesced in 7 days. April 30th, a woman of 33, living 100 yards from the first case, was taken down and began to convalesce in a week. May 1st, a man of 55, living at the other end of the village, sickened with pneumonia and died in five days. Last of all, an instructress of 40, who lived at the house of the first case, and who had made numerous visits to cases 2, 3, and 4, went safely through an attack of pneumonia. The mortality of this epidemic was 40%.

Situated in front of the village of Fleurieu, on the opposite bank of the Saône, is the almshouse of Albigny. Here the second epidemic occurred. It has the same climacteric conditions as the former place, made worse by contracted quarters which allow poor light and ventilation. The inmates are of two classes; poor people, who voluntarily seek admission, and tramps committed by a magistrate; in all, varying in numbers from 630 to 650. During the epidemic of pneumonia it contained 637 inmates, of whom 69, or more than 10%, were attacked. The disease broke out Nov. 10, and continued until the end of April. During that time the air was cold and damp, and the sky cloudy. Previous to the outbreak there had been no pneumonia in the establishment for a long time. The first victim had been an inmate for a year.

The disease took on in each case the adynamic form, and presented generally all the signs of lobar pneumonia;  $\frac{1}{4}$  of the cases having broncho-pneumonia symptoms. The pulmonary lesions were very extensive. The sputum was of a very dark yellow. In some speedily fatal cases it was greenish-brown, almost black. The temperature was very high, always reaching  $104^{\circ}$ , and sometimes  $105^{\circ}$ . The skin was very dry; the tongue parched and blackish. Constipation was the rule. The color rapidly became earthy, expectoration difficult, and the patient died in a state of profound adynamia. Most of the deaths occurred in the first seven days, and many in the first three or four. Convalescence in those that recovered was very tedious. The average age of inmates was 60 for the men and 55 for the women, and it was between the age of 60 and 70 that most deaths took place. None of the tramps, male or female, took the disease. They were poorly fed and sheltered, but had more fresh air than the voluntary inmates of the almshouse. More women died than men (men 24, women 35), and their quarters were on the north side of the building, getting much less sunlight than those of the men.

In the village of Albigny near-by, having the same air and exposure as the almshouse, no cases occurred during the epidemic. At a place called Couzon, a little farther south on the river, three cases occurred. One aged 74 was isolated and recovered; the second case was a woman who recovered, while her husband, who nursed her, took the disease and died. The author concludes that pneumonia is infectious, and that under favorable conditions it may take an epidemic character.

If the environment is healthy, the chamber well ventilated, lighted and clean, the first case will generally be the last; but if it be old people,

catarrhal and debilitated, who contract the disease, an epidemic will be started if their quarters be close and dark. The diminution of the infectiousness and consequent fatality of pneumonia in the absence of generally considered advantageous surroundings of civilized life, is known to all. When the air of the sick chamber is cool, it doubtless exerts an antipyretic effect, and free ventilation means attenuation and consequent weakening of the morbid virus, if such there be.

Dr. C. H. Elliot, of Paducah, Ky., says: "I have seen and treated a great many cases of pneumonia, from five to twenty every winter. I think, of late years, that many if not all the rooms of pneumonia patients are kept too close, not admitting a sufficient amount of fresh air. This conclusion I draw from the fact that I have treated many cases successfully in open log cabins, with nothing but boards nailed over the spaces between the logs, and have known it at night to snow all over the bed on which the patient lay. Under such conditions I have often been quite solicitous as to my patient's welfare; but upon my arrival next morning would find him in nowise the worse. In fact most of my cases for a number of years were in just such houses. I remember to have treated one man for pneumonia for six or seven winters, who lived near the river in an open log house. It is but just to say that his attacks were not of the worst type. From these facts which have come under my own observation, I have long since been driven to the conclusion that much of my success was attributable to the free ventilation of the apartments of the sick." As to the neutralizing effect of sunlight on the supposed infectious material of pneumonia not so much is known, although Arloing, as Rondet says, has proven it destructive to the bacillus of anthrax and its spores.

Dr. A. E. Bell reports a series of cases which help to substantiate the theory of infection. These cases also occurred among well-to-do gardeners living in a neighborhood usually healthy. The first case was a child of four, who had pneumonia the year before. In a few hours a brother of fourteen was attacked. Five weeks after this the two remaining children of the family contracted the disease. The next case was a boy in a family living 300 yards from the first, and the next was his seven-year-old sister. In the third family, living half a mile from the first, a boy of eight and his sister aged four had the disease.

The fourth family invaded lived on the opposite side of the stream from the last, and about a mile away. The three younger children were first taken, and after an interval of five or six days the three older were prostrated by the affection. There were fourteen cases in the four families. All recovered. The disease did not spread beyond these four families, who were related to each other. While the children of the first family were sick, members of the other three were calling daily to inquire after them, so that by this means the disease was doubtless extended. That decomposing vegetation and moisture are not essential to the production of infectious pneumonia the following account by Dr. D. P. Hogshead, of West Berkeley, Cal., will show: "In September, 1884, I treated a family living far out in the hills of Northern California. The household numbered twelve—father, mother, and ten children. Within less time than a month ten of the family were sick. Six of the number escaped with bronchitis and pulmonary congestion of different

degrees of severity, while four of them suffered with acute lobar pneumonia. These four were attacked within a few days of each other. In three of them the lower lobe of the right lung alone was affected; in the fourth the inflammation extended to the lower lobes of both lungs. I was never able satisfactorily to account for this epidemic (?) of pneumonia. The home was forty miles from the sea-coast, at an elevation of about twelve hundred feet. It was located on the southern slope, was free from fogs, warm and dry. "The sickness occurred at a season of the year when, owing to the excessive dryness of the soil and atmosphere, very little decomposition or putrefactive changes are taking place. The sanitary conditions about the premises were as effectual as they had ever been before, or have since been. I found one defective, obstructed sewer near the house, where the waste waters from the kitchen and wash-rooms were allowed to stand and become impure. This I had rectified. The family has since enjoyed uninterrupted health."

Perret thinks that clinical data prove the contagious, infectious nature of pneumonia. His experiments teach him that pneumonia can be produced by different microbes. Partly proving this he cites the concurrence of malignant endo-carditis and pneumonia; and notes the fact that the different infectious diseases, such as typhoid fever, measles, scarlatina, etc., are often complicated by pneumonia. Such being the case, it is rational to conclude that the pathogenetic microbe of these affections is also the cause of the local affection of the lung.—*Analectic*.

*LOCAL Anæsthesia of the Skin.—New method.*—Dr. H. J. Reynolds (*Jour. Am. Med. Asso.*) presents the following:

1. Complete anæsthesia of the skin may, under the proper conditions, be produced by cocaine applied in conjunction with the galvanic current.

2. In dermatological practice, the method which, for want of a better name, I may term "cocaino-galvanism, galvano-cocainism, or galvano-cocaine anæsthesia" is the best means for the purpose at our command.

3. In dermatological practice, it is preferable to the hypodermic injection of the drug, inasmuch as it is painless and frequently more effectual.

4. The cocaine should not be used in less than a five per cent. solution.

5. The current should be as strong as the idiosyncrasy of the patient and the sensitiveness of the part will permit.

6. It is advisable in becoming familiar with its use for the physician to make some experiments upon his own person.

7. All things considered, I think the method should be commended for general adoption in minor operations by those in dermatological practice.

*IS There a Disease Called Prurigo.* Dr. T. Robinson (*Jour. Cutaneous and Genito-Urinary Diseases*.) from an extended study claims:

1. There is not such a disease as *prurigo*.

2. That all cases of itching skins have a recognized and discoverable cause.

3. That all the group of symptoms which are known as *prurigo* are the result of scratching, and are simply symptoms.

4. All scratched skins which have advanced to an elephantoid state,

and which have set up enlargement of lymphatic glands, are beyond the reach of remedies or hope.

5. That the pruriginous skin of children has its origin in developing hair follicles, which progresses from birth to puberty, when it stops.

6. That excessive itching does not occur in those situations where the hair grows luxuriantly.

7. That what is known as winter prurigo is due to imprisoned hair.

8. That an irritable state of the skin is always associated with an irritable state of the mucous and synovial membranes.

*MARRIAGE by Syphilitics.—When Safe.*—Dr. Morrow (*Jour. of Cut. and Ven. Dis.*) in a paper on the duration of the syphilogenic capacity in relation to marriage, presents the following conclusions :

1. The facts of every-day observation show that there is nothing constant in contagion, nothing certain in heredity. Many men marry with a syphilis in full activity of secondary manifestations, and never infect their wives or transmit the disease to their offspring.

2. The modern division of syphilis into secondary and tertiary period based upon anatomical forms and processes does not furnish a safe criterion for determining the contagious character of the lesions.

3. The completion of the second stage does not always mark the definite disappearance of the virulent principle; clinical experience shows that late lesions are exceptionally, but none the less certainly, the source of contagion.

4. The contagious activity of syphilis and its susceptibility of hereditary transmission cease after the third or fourth year as a rule, yet observations show that the qualities sometimes continue in force much longer and may be manifest in the fifth and sixth year, and even later.

5. The aptitude of syphilitic parents to procreate diseased children may persist after the cessation of all specific manifestations.

6. The precise date when the syphilitic organism reaches the limit of its contagious or transmissive power does not admit of mathematical expression.

7. This limit probably varies in different cases, and many circumstances contribute to advance or defer it.

8. The type of the syphilis, the constitutional peculiarities of the patient, the character of the treatment, the presence or absence of certain conditions which are recognized as factors of gravity in syphilis, all exert a modifying influence.

9. All these elements should be considered in deciding upon the advisability of a syphilitic man to marriage. Each case must be studied upon its individual merits.

10. The direct paternal transmission of syphilis, without preliminary infection of the mother, may be classed among the most conclusively established facts of medical science.

11. It is, therefore, a dangerous doctrine to teach that the sole risks a syphilitic man introduces in marriage consists in the contagious accidents he may bear upon his own person.

12. The arbitrary designation of a limit of three or at the most four years as perfectly safe for a syphilitic man to marry, with or without treatment and irrespective of the actual existence of specific lesions, is unwarranted by science or the teachings of experience.

\*REPORT TO THE EDITORIAL ASSOCIATION OF HOMŒOPATHIC MEDICAL JOURNALS, BY BUSHROD W. JAMES, A.M. M.D. Philadelphia Penn.

GENTLEMEN :—Last year this Society honored me, by a request to present at this meeting some suggestions as to the successful method of conducting medical journals, and especially those of the Homœopathic School.

In response to your desire I have prepared the following thoughts :—

1st. The "*Supply and Demand*"—The success of a medical journal, as of any other business enterprise, is greatly influenced by a generally recognized business principle : namely that of the equilibrium of the Supply and Demand. Increasing prosperity requires that the demand be considerably in excess of the supply all the time. In applying this principle to Homœopathic journalism, we find a seeming disproportion between these two important factors of success, there being at present an excess of the supply. This is well illustrated by the fact that no journal is self-supporting on its subscription list alone. Our school, numbering about 10,000 members, is supplied with twenty-five or more journals, making an average of four hundred physicians to each one. It is true that some Homœopathic physicians subscribe for all, or at least a majority of the journals published, but on the other hand many physicians do not subscribe for even one of the Homœopathic journals, which fact leaves the average about as we first stated it.

2nd. "*Multiplication of Journals.*"—We have watched with interest the tendency toward an injudicious multiplication of journals covering the same ground of those already existing, which only serves to weaken the income of the whole list. Among the Homœopathic journals published, we believe there is but one (Homœopathic Journal of Obstetrics, Gynæcology and Pædology) that devotes itself to a specialty, while one other, the Clinique, largely devotes itself to clinical lectures, reports, and clinical medicine and surgery.

3rd. "*A Few Strong Journals.*"—We have often thought that a decided advantage, to all concerned, might be gained could several of our journals, that treat upon general medicine, merge themselves or throw their united talents, patronage, etc., into one or another of the existing publications, so that instead of having twenty-five struggling journals we should have, say, about half a dozen first class ones, established upon solid business principles that would be permanent in character, able to remunerate the services of their editors, business managers and contributors, and perhaps declare a dividend, probably somewhat diminutive, in favor of their owners. Such journals could command the best talent in their various departments, would be a credit to our school, and a decided improvement upon the present system or rather non-system. Moreover such journals could afford to place their subscriptions at prices within the reach of all and the individual subscriber would then receive the best journals for the same outlay that the very ordinary ones now cost him.

4th. "*Present Status of Journals.*"—There is a demand, particularly in certain sections, for journals whose subscription fees do not exceed \$2.00. This demand is supplied by a number of the smaller journals published at these and even lower prices. Of course it is natural to infer that their publisher can not afford to furnish such a quality of material and make up as is the case with double or more than double their price. However there is a field for both these classes of journals. The higher priced ones, as a rule, have their principal readers and subscribers among the deeper students of the school, and those who write original articles and who love to read original papers. The younger practitioners usually encourage the cheaper publications on account of economy in outlay. All our journals have a common difficulty, to wit: a limited income. Some of them about pay expenses, others are losing enterprises, but how few, if any, are financially profitable to their owners? Were there fewer journals and the subscription list of each correspondingly enlarged, the lower priced journals could afford to supply better material; and the highest priced, the more costly material for a lower figure.

5th. "*College Journals.*"—Among the smaller journals we find a branch of journalism that seems to be growing in popularity.

When a college feels its need of a representative organ, it undertakes to establish a new journal, thereby incurring a financial burden and adding to the number of such publications. We believe that each college might find an independent journal, willing to publish its news, items of interest, etc., and that this arrangement would prove a



mutual advantage to college and journal, and the college organs, and the student magazines be done away with for the general advantage of our school of medicine at large.

6th. "*Advertising Department*."—Under the present order of things our journals are obliged to depend upon their advertising department as a source of income; not one of the Homœopathic journals being able to support itself from its subscription list alone.

This subject has excited considerable interest of late, which is a hopeful sign, as it shows that the advertising pages are read, just what publishers and advertisers desire. We hold that the advertising department, which is a legitimate part of the journal, should be made a source of convenience and profit to both subscriber and advertiser. The ideal method in this direction would be that only reliable articles, such as the journal itself as well as the advertiser can recommend, should appear in its advertising pages.

This would be a guarantee to subscribers that they might patronize the firms represented in the journal with safety and satisfaction, and this would also be an inducement to first class business houses to advertise in those journals alone whose readers are most apt to read their advertisements and order goods and trade with them; for advertising is merely an investment upon the part of the advertiser, he expecting to gain an increase of popularity and business thereby, and consequently is willing to pay most for space in that journal whose standing, appearance, circulation, etc., is the best.

## ITEMS.

—In England over seventeen thousand people died last year with scarlet fever.

—It is said that milk charged with carbonic acid will keep an indefinite length of time.

—It is said that compression of the abdominal aorta will arrest post-partum hemorrhage.

—The *Vorosti*, a Russian journal, announces the death, in the almshouse, of a man aged 122 years, who had been an inmate since 1818.

—American medical degrees can now be registered in England; each application for such registration will be decided upon its own merits.

—Damp cellars which are suddenly heated are ascribed by Dr. Hunt of the Trenton, New Jersey, board of health to be a frequent cause of diphtheria.

—Mrs. De Buffington says her husband suffered from suffusion into the plural, but the doctors drew off the water with an exsperator, and now he is incandescent.

—A number of remarkably fine portraits of well-known amateur athletes in motion, illustrates Dr. Sargent's article in the November *Scribner's* on "The Physical Characteristics of Athletes."

—For Sale. A yearly practice of \$2000, cash, in a town of 4000, population. Will be sold cheap to the right man, with house and lot if wanted. Address, P. O. Box 273, Ballston, N. Y.

A chance seldom offered. Fifteen hundred dollars will buy the stock, fixtures and good will of a Homœopathic Pharmacy in central location in New York City. Established over three years. Expenses light. Party understanding business sure to succeed. Address, H. T. A., care of N. T. Bradley, 45 Water street, New York City.

—The way to sleep, says a scientist, is to think of nothing. But Dr. Hammond asserts this is a mistake, and says that the way to sleep is to think it is time to get up.

—The Curio is a new monthly publication likely to prove of interest to collectors of rare books, indeed rarities of any kind are included within the scope of the publication covers. Publisher, R. W. Wright, New York.

—Intoxicating liquors appear to be very extensively used for "medicinal" purposes in Lewiston, Me. A "drug store" there was raided the other day, and the stock was found to consist wholly of whisky, wine, beer and gin.

—By a recent decision of the supreme court of Washington, self-killing by a lunatic is to be regarded by law as accidental death, and therefore a policy of life insurance is not vitiated, as the party does not commit suicide.

—Chiari, of Florence, closes the vagina for prolapse of uterus after the menopause is past. He does this by a plastic operation which unites the vaginal walls throughout their whole extent. The operation appears to be perfectly successful.

—It is stated that the advertising or sale of patent medicines (secret or proprietary preparations) has been absolutely prohibited in the German capital, and sixty-one of them have been publicly denounced on account of disclosures made by chemical analysis.

—The Russian army has two thousand eight hundred and eight surgeons and three thousand and forty-five medical men. As the strength of the Russian army on a peace footing is eight hundred thousand men this gives every three hundred men a physician.

—A valuable addition to current medical literature is found in the just established Journal of Morphology. Although journals on this subject have existed for many years in nearly all the European centres this is the first venture in America and is deserving of support.

—Did the believer in faith cures miss an opportunity? A young man in Philadelphia was hurt at the locomotive works and two physicians said his leg was broken. After he had been in bed a week another doctor was called who said the limb was not fractured, and the young man at once got up and walked without difficulty.

—A Scotch surgeon reports one hundred and fifty-two operations on the eye without instance of inflammatory or suppurative complication, and attributes this immunity to his invariable practice of bathing the eye with a solution of corrosive sublimate from one in five thousand to one in two thousand previous to each operation.

—The article on Physical Training, which Dr. Sargent contributes to *Scribner's* for November, is fully illustrated from instantaneous photographs of experts in the various branches of athletics, including the portraits of sprinters, long distance runners, wrestlers, foot-ball, and base-ball players who have won enviable records at Harvard and Yale in recent years.

—The *Union Médicale*, Paris, states that a recent ministerial decree restricts the right to dispense homœopathic preparations to those homœopathic practitioners who really observe the method of dilutions laid down by the homœopathic school. The object of the ordinance is to put a stop to the abuse by which, under the guise of homœopathic preparations, all sorts of remedies have been given to patients by certain physicians.

—The new local anæsthetic, *sternocarpine*, is still on trial, and in the face of the frequent disappointments which have followed the better acquaintance with drugs which promised much at the outset, it will be well not to be too enthusiastic this time. One of the most promising features of this drug is that it appears to be an excellent mydriatic, far superior to cocaine in this respect.

—A French investigator, M. Quinquaud, has recently studied the influence of cold and hot baths upon the respiratory and nutritive processes. His conclusion is, that under the influence of cold baths more oxygen is absorbed and more carbonic acid is expelled. At the same time, more air passes through the lungs. Hot baths act in a similar manner, but in a less marked degree.

—Sparteïn is now being tried in Russia, and it is said, with a good record. It appears, as a "heart slower," to be less powerful, although more rapid in action, than digitalis, and therefore much below the potentiality of strophanthus. There has just been discovered another "cardiac" glucoside, the properties of which are said to be "very promising." The name is to be *Nemophylline*, it having been extracted from the young leaves and buds of the *Nemophylla insignis*.

—INEQUALITY OF PUPILS IN HEALTHY PERSONS.—From an examination of one hundred and thirty-four healthy recruits, Dr. G. S. Ivanoff, of Kîrîlov, came (*Pratch*, No. vii., 1887, p. 162) to the following conclusions: 1. Equal or symmetrical pupils, as well as equal or symmetrical halves of the face, are met with but very seldom, the former only in nine per cent. of the persons examined, and the latter only in 2.2 per cent. 2. The inequality or asymmetry is probably dependent upon an asymmetrical development of the cerebral hemisphere. 3. In 54.5 per cent. of persons, the left pupil, and in 73.9 per cent. the left side of the face, is larger than the right one.

—THE DIETETIC TREATMENT OF OBESITY.—A contributor to the "Union médicale" credits M. Dujardin-Béjumez with the following dietary for the reduction of obesity: *Breakfast* at 8 o'clock.—Two ounces of cold meat, an ounce of bread, eight ounces of weak tea without sugar. *Luncheon* at noon.—Two ounces of bread, four ounces of meat or stew or two eggs, four ounces of fresh vegetables, half an ounce of cheese, fruit *ad libitum*. *Dinner* at 7 o'clock.—No soup, two ounces of bread, four ounces of meat or stew, four ounces of fresh vegetables, salad, half an ounce of cheese, fruit *ad libitum*. In conjunction with this course, purgatives should be taken rather frequently, either mineral waters, pills, or powders, and the subject should take exercise in proportion to his strength, and employ massage.—*N. Y. Med. Jour.*

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In a recent number of the *Lyon Medicale*, Dr. Paul Bernard discusses in connection with a case of precocious menstruation, followed by cancer of the uterus, the question of the etiological relation between precocious menstruation and cancerous diseases of the uterus. The general conclusion is that there is no causal relation between inflammatory and cancerous diseases of the uterus. "We do not find that alterations of menstruation or other uterine disease has been observed more often in patients affected with uterine cancer," although it may often be found in the case of patients whose menstruation has been precocious and abundant.

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The bacterial theory of the origin of disease, the "bug theory" as it has been derisively called, has thus far failed to materialize to any advantage, either in the treatment of disease or in explaining the source of infection. Whether the bacteria present in morbid conditions of the system are the cause of that condition or merely an effect is still an open question. If a cause, it would seem that any means which would tend to their prevention or their destruction would cure or prevent the development of such condition, but the antiseptic treatment of disease is very far from being a conspicuous success. The contagious diseases, and even those whose contagious nature is yet disputed, are as intractable as ever to treatment. Phthisis pulmonalis, which upon the discovery of the tubercle bacillus was to disappear under antiseptic treatment, still numbers its victims by the thousand. Nor, upon the other hand, is the evidence any stronger in favor of the bacillus as a cause of disease. If these bodies are produced only from similar pre-existing bodies, the fact of the occurrence of the conditions in which these bacteria are present apart from any similar condition, as when a case of typhoid fever or diphtheria springs up *de novo*, is unexplainable.

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It may be, and often is, denied that any of the contagious diseases are developed without direct or indirect connection with another case

of the same disease. But the spontaneous origin of many of the germ diseases has been so often shown that it seems like piling Pelicon upon Ossa to bring any additional proof of the occurrence of these ailments apart from any possible source of infection. In an article published in the *Medical Press and Circular*, London, in the early part of last year, there was an account of a case of typhoid fever which was developed in the Great Desert, forty miles away from any possible source of infection. If this can be true of any one case it is true of all, and we must look beyond the bacteria for the source of these diseases. It may be said that the germs of these diseases may remain for a long time inactive, in a latent condition, until the proper conditions are provided for their development. That they may retain their vitality in or out of the system until the necessary stimulus is applied to call them into action. But this theory is untenable in the face of a more reasonable explanation. Particularly is this true of gonorrhœa, in which disease, although always originated in man by contagion from a woman, does not absolutely prove that the woman was infected by a man. That is to say, that while man is incapable of generating the disease, the reverse is true in regard to woman. The difference between the diplococci of innocent sexual discharge and the gonococci of true gonorrhœa is so slight that even the most expert microscopist may be deceived. The question here is, may not, under the proper condition, the diplococci pass over and become the gonococci? And is not this a more satisfactory and more tenable theory than that of the latency of disease germs?

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Concerning the generation of gonorrhœa, there are, says the editor of the *Pacific Record of Medicine and Surgery*, three degrees of inflammatory action that hold good in every mucous membrane of the body: 1. Dryness; 2. Altered secretion (mucous); 3. Pus. The vaginal glands, governed by this law, produce, first, dryness, then altered mucus (leucorrhœa), then, passing through the intermediate stage of mucopurulence, pus. We can follow with the microscope the finest changes from healthy mucous globules to the advent of the pus microbe. How does the microbe get there? If the diplococci and pus microbes make their advent in so insidious a manner that it requires a power of five thousand diameters to notice it, why, under the law of union of atoms, may not a slight change in chemical affinities produce gonococci, in the male having intercourse? The secretion of the female, being *sui generis*, fails to affect her, and the succeeding reduction of temperature and bath, restores the vagina to its original condition. Why not, then, in the male? Because the virulent poison has inoculated him in the



proper culture field, and the crop of micro-organisms must spring up, mature, and then die.

We believe that a mistake has been made, or a misconception entertained concerning these micrococci. They are not insects, or animals, having teeth and claws by which they burrow into tissues and produce themselves by sexual virtue, they are simply and only the lowest (so far as we know at present) forms of vegetative life (?) They grow as plants grow, as the fungi are produced, sending into the favorable soil, little rootlets, which separate the epithelium, and draw for their sustenance, from the plasma of the blood. The secretion accompanying them, is but this plasma, changed by chemical action, due to the increased demand from the bloodvessels, for their nutrition. The fact that some are virulent and some benign, has an apologue in every field of grain. That they are the morbidic agents, has never been demonstrated. That they propagate themselves as plants is true ; that they are the product of certain chemical combinations, occurring in deranged conditions of the system, will certainly be proved, when chemical and pathological sciences are brought into closer union. There is nothing unscientific in this theory ; on the other hand, it requires the acme of scientific knowledge in chemistry, botany, and pathology, as well as perfect insight into the principles of evolution, to comprehend it.

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## THE REPETITION OF THE DOSE.

BY DR. MARTINY.

Translated from the *Revue Homœopathique Belge*, By B. F. Underwood, M. D.

THE question of the repetition of the dose has been frequently discussed in books, in journals and in homœopathic societies ; but in spite of all that has been said and written, it is far from being settled ; fancy, the more prejudicial reigns as mistress in practice, not only for acute disorders but above all in chronic affections ; there are no rules, nothing is fixed and the whim of the practitioner appears to be the law. Homœopathic physicians frequently find themselves in accord upon the choice of the remedy ; a proper choice of the remedy is the object of their search, in consultation between physicians the appropriate remedy is sought with the most scrupulous care, but very little attention is given to the question as to how often that medicine should be given : one physician gives a dose every quarter of an hour, another administers the same remedy every hour or every two hours, and a third only twice in twenty-four hours ; and certainly it does not

appear reasonable that the three methods of dosage can be equally good. When the strictly homœopathic remedy has been found, the perfect simillimum, it is probable, when the disease is functional only and there is no considerable lesion of the tissue, that a single dose of the remedy may bring about a complete cure. These are the perfect, the miraculous cures which disconcert the most incredulous : every homœopathic physician has observed from time to time ; a violent neuralgia, a dyspepsia of long standing, a condition of habitual vertigo, etc., yield to the first dose of a medicine taken in the thirtieth dilution, and so thoroughly cured that the invalid has forgotten to continue the remedy : these are the cures which are quoted by the partisans of infrequent doses, who claim that to continue the use of the remedy is to compromise the cure.

There are therefore a number of physicians who administer the remedy at long intervals only and who find in their experience positive proofs to support their position, at the bed-side of the sick. Other practitioners, on the contrary, repeat frequently and give the remedy regularly and continuously without any interruption. Is the truth on the side of those who give the infrequent dose, or is it on the side of those who give the dose of the medicine more or less frequently ?

From the time of Hahnemann this question has given rise to discussion among his disciples, even more than has the question of dynamization. Upon this point Jahr says : \*

" This necessity of not increasing the extreme measures nor the number of useless doses still exists, not only for the powerful doses but still and in the same degree for the smallest dose. For that which distinguishes essentially the treatment which is truly homœopathic from all others, is that it should be dynamic, that is to say, that the cure should be obtained by the proper vital reaction of the organism against the disease, and the medicine shall play the part of exciting agent only and not that of executant. It is in the palliative and indirect treatment of the old school that the medicines are employed to impose upon the organism their material action and to produce vomiting, purging, artificial sleep, insensibility or nervous excitation, etc. ; and to obtain these effects it is always indispensable to surcharge, or saturate the organism by more or less massive doses of the medicinal material. In the dynamic treatment, on the contrary, the object is to provoke, by the vital dynamic reaction against the medicine, the simultaneous reaction

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\* We have not the space to quote in full the citation made by Dr. Martiny, which is to be found in "*Principes et règles qui doivent guider dans la pratique de l'homœopathie*, 119.

of the organism against the disease, and to obtain thus a true natural cure. The object is perfectly attained as a result of a single dose or of such doses as will provoke the manifestation of the reaction, and when the medicine has accomplished that to discontinue it and leave nature to act as long as it will in the way which the small doses started it. The rule which Hahnemann gave is never to administer more than one dose or at most two or three of a remedy, and to then wait, before renewing the medication until the dynamic, vital, curative reaction excited by these doses has ceased, or to have recourse to another medicine, if that reaction does not manifest itself following the third dose. We fully subscribe to that rule, not only because our experience has taught us that the reaction excited by a single dose, is capable of completing without pause or break, the cure of the disease, but still more because we have more than once seen that if the reaction is not produced by the second in any stronger degree than by the first, that the third will rarely do more, and it is better to have recourse to another remedy. What impels us to insist still more strongly upon the observance of this rule is the striking fact, which is sufficiently established by experience, that no cure is more prompt and more radical than when one succeeds in finding a medicine capable of operating through the agency of a single small dose. That which happens in these cases is the true healing power of nature which has effected the cure after having been excited or provoked by the medicine striking exactly upon the point which could arouse it. It appears therefore, among others as well, that the cures of the scurf or the impetigo, for example, obtained with pain by means of massive doses of mercury, and other similar cures, are never as sure nor as radical as those of the same diseases obtained by means of a single dose of rhus, of sulphur or of calcaria; for in the first case, the material force of the dose suppressed the product of the morbid action; in the second, the small dose has caused the organism to react of itself in a radical manner against the disease. For us, as for the founder of our school, there exists only two cases in which the repetition of the dose appears to be rationally indicated: 1—when the reaction is slow to manifest itself following the first dose; 2—when that reaction, after having continued for a certain time ceases and the same medicine is still indicated. In the first case, we sometimes employ a second and rarely a third dose to see if the attendant reaction will manifest itself more strongly; but if it is still slow or there is even an aggravation which does not cease in a short time of itself, we replace the medicine by another. In the second case, it is for the purpose of provoking anew the interrupted reaction, and if the same medicine is then still indicated, we give a single dose only, and we soon replace by

another medicine, if the interrupted reaction is slow to reappear, but should it develop the reactive effect, in a short time a new amelioration will follow. It is thus that Hahnemann and his first disciples practiced homœopathy, and by this method that they often obtained a cure more prompt and easily than those of the innovators, the specificists, and the self-styled progressists obtain to-day by means of the most frequent and massive doses."

The true homœopathists choose their remedies and observe their effects, an art which appears to be to-day nearly lost with a large number of practitioners of the new generation.

"But for all those who still possess that art or who have at least the desire to learn it, we assure them that in following, in the repetition of doses, the principles laid down by Hahnemann, without allowing themselves to be turned aside by the observations of critics, they will not be long in experiencing the most happy results. Never give either more or less than is necessary and never to give to the patient a new dose, unless it is positively indicated, this is the only truly rational method of practicing homœopathy, and the only one through which real success may be obtained."

This quotation is a perfect resumé of the question at the point at which it had arrived at the time of Hahnemann. The question is still in controversy to-day ; although the number of the advocates of the infrequent dose is diminishing year by year. It is by experience, and by experience alone that we can decide the question, and it is for that reason that we have raised the question, and that we ask of each old practitioner to give a resumé of his mode of practice. It appears to us a good opportunity to explain our method.

In acute diseases we habitually administer one to five drops of the remedy dissolved in about a dozen spoonfuls of water and give a spoonful every two hours, or every hour, or even oftener in grave affections. In chronic diseases we give, morning and evening, a drop of the medicine in a spoonful of water. Experience has proven to us that that method is preferable to the infrequent dose, and all of the older Belgian physicians that we have known practice in nearly the same manner. We have obtained by this method magnificent cures, although we may have frequently repeated the dose even with plain amelioration of the disease. We would urgently dissuade the young practitioner from discontinuing too rapidly the dose when a disease is improving ; we have often seen an amelioration arrested when a medicine was too hastily discontinued, and more than once we have shortened anew the intervals of the doses after having lengthened them. We have for a long time abandoned giving medicine at intervals of several days in chronic

affections and give at least one dose a day. We continue the medicine thus until the cure is complete; it is very rarely that we give the remedy every two or three days. For the rest we have become more and more favorably inclined to the alternation of medicines; the difficulty of which is apparent without a frequent repetition of the dose. In acute febrile affections the medicine is burnt up very quickly, and we have often been forced to give the remedy every quarter of an hour or every ten minutes, and we attribute to the frequent repetition of the dose a number of excellent cures which we have seen.

Dr. Van Oeteghem. In my opinion the repetition of the dose in chronic maladies may injure the cure. The homœopathic physicians who have frequented the clinic of Dr. Jahr at Brussels have commenced by following his instructions, but later they change their practice.

Dr. Schepens. 1. In acute affections we repeat the dose every two hours, every hour, nay, even every five minutes, according to the intensity of the distress and the rapidity of the evolution of the disease, and we discontinue the frequency of the dose as soon as it has produced a notable amelioration.

2. In the sub-acute affection we repeat the dose three, four or five times a day, until the disease is cured.

3. In the case of chronic diseases we administer the remedy two or three times a day without cessation until we have obtained a marked amelioration; then we sometimes let one, two or three days pass, but never more than a week, without giving the remedy.

4. In certain nervous affections, above all in neuralgia, it rarely happens that a small number of doses of medicine will provoke a medicinal aggravation; in these rare cases we suspend all medication, and we await the curative effect of the reaction of the system.

Dr. J. Gaudy. In practice the frequency of the administration of the remedy should be measured by the progress of the disease. I am a partisan of the frequent repetition of the dose in acute cases; but in diseases which develop slowly, which may have been produced by a known cause of long standing, it is preferable to give a single dose of medicine in a high dilution and allow it to act for a certain time. The repetition of the dose in these cases may cause the cure to drag. Here are to examples in support of that opinion.

1. A young lady had inherited from her father a cephalgia which appeared two or three times a week. During the remainder of the time she was in good health, with no disturbance of digestion. Her father had been vaccinated with vaccine taken from a scrofulous infant affected with a cutaneous eruption. Sometime after he was taken with a cephalgia which he retained until his death. The young lady received sul-



phur three times a day. The cure was complete in about two months.

2. A lady was struck by a table during pregnancy. Her accouchment was normal although a little premature. Sometime afterward she began to be affected with a numbness in the legs which approached to almost complete paralysis. After having tried in vain a number of remedies, she received a single potion of arnica 200. At the end of two months she was able to walk two leagues.

In certain affections of the veins, varices, ulcers varicose, a dose of sulphur is sufficient to bring about a cure. I remember to have read somewhere that in these cases the repetition of sulphur was injurious, a fact which I have frequently been able to prove. To resume, the dose should be given as much more frequently as the evolution is the more rapid.

Dr. Martiny is in accord with his colleagues as to the frequency of the administration of the remedy in acute affections. In regard to chronic diseases he has never seen the repetition of the dose endanger the cure ; he has, however, often seen, on the contrary, that the persons cured by one or two prescriptions return to ask for more of the same remedy, and to complain that the disease had returned. When the affection is due to a unique cause, a single dose may be sufficient, but even in that case it is not credible that a repetition of the dose will be able to delay the cure.

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## DIPHTHERIA.

BY M. H. VAN TINE, M.D.

**I**NFORMATION derived from a large number of physicians scattered throughout the states and territories of the west, furnishes subject-matter for a paper entitled, "An investigation to determine whether the absence of sewerage and of water-pollution diminish the prevalence and severity of diphtheria." (Dr. Charles Warrington Earle, International Med. Congress.)

They find the disease prevailing with the same malignancy among the mountains and prairies of the great North-west, as in the more densely populated cities of the East; also, that its virulence is undiminished in the absence of sewers.

"The residents of damp sod houses suffer with marked severity."

It follows the line of railroads and steamboat travel, being transported thousands of miles in some unrecognized vehicle.

Two cases were reported by Dr. W. Foster, of Putnam, Conn., which

occurred in a town containing 7000 inhabitants, otherwise free from the disease.

The victims were two boys who had been playing for several days in and about a barn, the cemented cellar of which was a receptacle for sink-water, as well as for house refuse and manure. The spread of the infection was promptly arrested by isolation and thorough disinfection.

Dr. F. Warham, of Chicago, Ill., ascribes diphtheria to an impure atmosphere from any cause whatever; decomposing vegetable matter, and the presence of filth being important factors. He expresses the belief that the disease is due rather to the absence, than to the presence of sewers.—*Med. Record*, Sept. 10, 1887.

In the spring of 1883, the vicinity of Scarboro, Ga., was visited by a terrible cyclone, which swept before it for the average width of half a mile, the long-strawed pines with which that region was thickly timbered. The debris was left to decay where it fell. The direction of the cyclone was from west to east. Early the following fall, an epidemic of diphtheria made its appearance, passing over the route of the cyclone, but moving from east to west, and extending as much as five miles on either side of the line of devastation, with quite a number of cases scattered at a much greater distance from the line.

After consultation, the physicians agreed upon a course of treatment, which they pursued with very satisfactory results. They gave tinct. mur. iron from five to thirty drops in a saturated solution of chlorate of potash, according to age of patients every six hours, and swabbed out the throat twice daily with spts. turpentine, and applied around the throat, a flannel saturated with kerosene and beef's foot oil, equal pts. No cathartics of any kind were given. Diet consisted of milk and corn bread. Where the formation had become great, and threatened to choke the patient, relief was afforded by inhaling the fumes of turpentine, treated in some iron vessel.—E. W. Lane, M.D., *Med. Summary*, March, 1887.

(Speaking of turpentine a metaphysician mentioned that "For those who still adhere to such beliefs, turpentine and milk are excellent, used locally for diphtheria.")

Dr. E. L. Oatman, Nyack, N. Y., (*Med. Record*), Advises free stimulation and iron in the treatment of diphtheria. We give the local treatment verbatim. "I manufacture on the spot about fifty swabs—made by twisting absorbent cotton around a stick about the size of a lead-pencil. The cotton should be pulled out and twisted firmly around the tip of the stick, extending beyond it, that the end may be thoroughly protected so that no injury be done while using it. This is dipped in a solution of the bichloride of mercury, two grains to one pint of water, and is

passed into the throat until it touches the posterior wall of the pharynx. It is then instantly withdrawn and burnt. No swab should ever be used a second time. No attempts are made to rub off any of the membrane, but more or less always adheres to the swab. This procedure is repeated hourly, day and night, until the disease begins to subside—which it usually does in forty-eight hours. I follow every application by the internal administration of five to ten minims of tincture of the chloride of iron, and as much whisky and milk as the case appears to demand. If the interior or posterior nares are invaded, the nose should be syringed."

Biniiodide of mercury is recommended by Illingsworth as a specific for diphtheria and scarlet fever. He says, that given in scarlet fever, it arrests defervescence at once, and desquamation does not follow.

The disappearance of the membranous deposit, and the rapid reduction of temperature, attest the specific character of the remedy in diphtheria. The efficacy of the drug depends upon the diffusible potassic-iodide carrying the germicide biniodide to every portion of the circulation.—*British Med. Journal*.

If sure of his remedy the physician need have no more cause to feel anxious about a case of diphtheria than of simple coryza.—W. J. Guernsey, M. D.

23 Smith Street, Brooklyn.

## "DEATH COUNTERFEITING SLEEP."

BY DR. ALFRED DRYSDALE.

SO many really very horrible stories of persons having been interred alive whilst in a state of trance are circulated and believed that the public, and especially that section of it which comes to medical men for treatment, possesses a very substantial interest in the matter. Whether any one ever has found himself in the terrible plight of finding himself carried to the grave without being able to make known by sound or movement that he is still alive, or whether such stories are mere legends or delusions, the fact that a large number of persons, and especially of sick and dying persons, believe them is a sufficient cause for turning our serious attention to the subject.

In my own experience I have met with many patients who were constantly haunted with a terror of being buried alive. One lady in Mentone while apparently not in a dangerous state of health told me that she was subject to trances and made me promise that should she

die while under my charge I would "open some vein," as she expressed it, so as to efficiently prevent her ever coming to life. Shortly afterward she did very unexpectedly die—of heart disease—but I did not fulfill my promise, at least not the letter of it. Judging, I hope rightly, that what was required of me was to see that there should be no possibility of her being buried alive, I simply forbade the funeral till I had observed the supervention and passing off of *rigor mortis* and the subsequent appearance of signs of decomposition over the skin of the abdomen.

Another lady gave every one a great deal of trouble by declaring that she had seen the corpse of her daughter blink its eyes at her and refusing on this account to allow it to be interred till she was compelled to do so by an order from the home secretary.

We have all of us heard the story of the Countess of Bridgewater being buried alive, and only resuscitated by the loss of blood caused by a ruffian cutting the finger from what he supposed to be her corpse in order to possess himself of her gold wedding ring. She is said to have walked in her grave clothes to her husband's castle and rung him up in the middle of the night to his very great astonishment.

I have myself seen a monument in Cologne Cathedral stating that it marked the last resting-place of a lady who when a maiden had been interred within it alive and only rescued through her moans being heard by an accidental bystander. She was afterward married and the names of her husband and nine children who were buried in the same vault are inscribed beneath.

It is stated that when alterations were recently made in the crypt of Rouen Cathedral, a number of corpses were found in such positions—on their faces etc., and partially eaten, which showed they must have come to life after burial and many statements to this effect have been made at various times and all over the world. Recently in Russia a general is said to have been found still alive by some masons repairing the vault some days after he had been buried.

In spite of all these and many more, apparently undoubted instances of live-burial, I take the liberty of doubting whether such a thing has ever occurred. The extraordinary positions in which corpses have been found may be explained in one of two ways. It is now well known that owing to contractions of the muscles after death corpses frequently perform very extraordinary movements. In parts of Germany it is the custom to obviate the risk of live burial by keeping the corpses laid out in beds in mortuary chambers till signs of putrefaction have come on. In order to give warning should any of them come to life, strings communicating with bells are attached to their arms. These bells are constantly ringing, but no supposed corpse has ever yet come to life ;

the ringing of the bells is produced entirely by muscular movements taking place in the corpses. These are, moreover, frequently found in very extraordinary positions which it is difficult to understand how they can ever have got into.

Another explanation of the extraordinary attitudes of corpses is the carelessness and culpable conduct of the persons who are employed by undertakers to lay them out. Such people very frequently fortify themselves for their somewhat ghastly avocations or against infection by taking large quantities of stimulants, and being often drunk when performing their duties frequently play all manner of unseemly pranks. Undertakers to my own knowledge have occasionally put the wrong bodies into their respective wrong coffins through sheer carelessness. Not long ago at Cannes, a beautiful young girl died under my charge; the parents were anxious that she should be interred in the family vault. The body was, therefore, embalmed, sent to the undertakers and after being embalmed was transported as was thought to the home of the family in England. It was necessary, for some reason, to change the coffin and the horror of the family may be imagined when it was found that it contained the corpse of an old man. On inquiry it was found that a French gentleman had died at Cannes about the same time and on disinterring his supposed remains at St. Philippe de Roul near Paris, the vault was found to contain the body of a young girl. When such examples accidentally come to light, we cannot but draw the inference that they often occur without any one hearing of them.

When we reflect how very low the vitality must be in a person in whom no sign of life can be detected, it will be at once clear that even were such alive at the time of burial, the feeble spark of life would speedily be extinguished if interred and thus removed from all access of air.

One instance, however, to my knowledge of live-burial has occurred though under such peculiar circumstances that it could never happen to ordinary people. A regiment of English soldiers marching through Egypt was attacked by cholera; one of those who died was immediately buried in the soft loose sand of the desert through which the troops were marching. Next day the detachment moved on and had pitched their tents for the night when some of them saw their comrade whom they had buried enter the camp. He had been buried as dead during the collapse stage of cholera:—the warmth of the sand had revived him, and being only a few inches from the surface had found little difficulty in emerging.

I hope, nevertheless, that the few remarks I have made, may be the means of allaying the apprehensions that many people have of a fate



which I think there is every reason for believing has never befallen any one. The persistency of such stories must be classed with the impossibility of "laying" ghosts and must be accounted for by the inherent love of the horrible and credulity of the human mind.

Cannes, France.

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## REPORT OF PROGRESS IN EYE AND EAR DISEASES.

BY F. F. CASSEDAY, M.D.

THE Galvanic current in the treatment of certain forms of cataract, writes Dr. J. E. Colburn, (*Jour. Amer. Med. Association*) two cases of undoubted commencing cataract are reported by Dr. Meftel, in which the symptoms have been present that were relieved by methodical galvanic treatment, vision being completely restored. Erb in his hand-book says cataracts have recently been drawn into the field of electric therapeutics. In 1879, before the use of electricity as a remedy in cataract was known to me, I had the following case: A lady fifty-three years of age consulted me for general debility, loss of vision and catarrhal conjunctivitis. Had been in poor health for the past seven years. No evidence of organic disease of any of the viscera. Family history good save an aunt and brother suffering from cataracts. Examination showed cataract with vision Snellen No. 8 at twelve inches for the right eye and Snellen No. 5 at twelve inches for the left eye with correcting glasses. Under central galvanization the general tone of the patient improved. And I found her some months later reading fine print. An examination at this time showed an absorption of the major part of the cataract of the right eye. As soon as the authorities mentioned at the beginning of this article came to my notice I treated a number of cases of cataract with central galvanization. These I have divided into four groups.

Group one includes those in which there was no improvement. These comprise three cases and their general characters are cataract peripheral, no nebulæ save in third case; no change in vision noted for some time before treatment was commenced.

Group two includes cases that have been under observation from four to seven years, in which the improvement has been permanent. These comprise six cases of the following characters in all of them: Cataract peripheral with dense nebulæ; diminution of sight rapid for a number of months preceding treatment except in number four.

Group three includes cases in which there has been complete removal

of short lines in *nebulæ*. There are three cases having both lines of *nebulæ* and vision only partially affected or very little.

Group four includes recent cases, in which there has been complete absorption of opacities. Both lines and *nebulæ* found in both cases reported; vision only partially affected; frequent seances are not required in a majority of cases. Appearance leads one to associate improvement with visible changes. In all cases in which the disease is progressive, indicated by fat granules and *nebulæ*, where electricity is well borne, where choroid and retina are not greatly degenerated, and where there are no complications of organic kidney, liver, heart or lung disease and diabetes, improvement may be expected. Cases in which improvement is not to be expected are those in which vision has remained stationary for some time and where there are structural changes in choroid or retina. The battery to be used should consist of medium-sized cells giving a steady, constant current. The electrodes should be moistened, the negative placed over the eye, the positive at the nape of the neck or angle of the jaw or elsewhere. Three or four cells should then be turned into the circuit, followed by three or four more until a slight vertigo is experienced, then gradually reducing the number of cells, the whole sitting occupying five to ten minutes.

At first daily seances may be given, decreasing to once or twice a week. In some a very mild current must be used, in others as many as eighteen cells and in a few a prefactory use of the induced current has to be employed.

M. Coppez—*Pres. Medicale Belge*—says in a severe case of purulent conjunctivitis of diphtheritic nature in a babe seventeen days old the best results were obtained by the use of the juice of a lemon. The corneæ were implicated before treatment was commenced. The resorption of the fibrinous exudation without suppuration of the conjunctiva or a bad cicatrix. In three weeks the child was radically healed and did not present the least opacity of the cornea.

Clinical study of *Verbascum Thapsus* in Aural Disease is the subject treated by Dr. Howard P. Bellows before American Institute of Homœopathy, June, 1887. I determined therefore to make clinical tests of the action of the remedy upon various classes of aural disease by direct instillation, and also to try the effect of its internal administration in certain cases before finishing my experiments.

Our chief solicitude, perhaps, in aural practice, is to develop means of benefitting chronic catarrh of the middle ear. My first attempts were made upon six selected cases of this disease, all of several years' standing. In each case twelve drops of the tincture warmed, were instilled into the ears or ears affected, every night, and retained for fifteen minutes.

(Cases I to VI. contained details of unsatisfactory treatment covering periods of from three weeks to five months each.) These negative results speak for themselves, especially since in all but one case there was a gratifying response afterwards to other measures, demonstrating that they were cases still amenable to treatment, although of so long standing.

I next turned my attention to one of the most formidable of the acute diseases to which the ear is incident, acute suppurative inflammation of the middle ear.

CASE VII. A little girl five years of age not subject to ear-ache. Began to complain of violent pain in the right ear, with much local tenderness and a highly inflamed and swollen condition of the tympanic membrane. The verbasum was ordered to be instilled, ten drops, warmed, every hour while the pain lasted, or oftener if severe. There was temporary relief each time, and on the first day real improvement, so that it seemed probable that the process might be stopped. But on the second day its effect seemed lost and suppuration progressed, with rapid perforation. Under pulsatilla the cure was prompt.

CASE VIII. A child, two years old, subject to otorrhœa. Suppuration had commenced when first seen. Discharge free, greenish yellow, thick, bland and unoffensive. Pain severe at times, child crying violently. After cleansing with dry absorbent cotton, the verbasum was instilled, very warm, with instant relief, the child crying, "More, more." This was repeated a number of times with similar results, the pain not returning for an hour and a half or two hours after each application. Several times plain hot water was tried to see whether the relief was not due simply to heat. The same degree of relief was not afforded by the water, however, the verbasum seeming to possess a remedial property of its own. But on the second day its power seemed lessened and on the third exhausted, so that its use was discontinued and puls. cured the case.

In this disease the verbasum seemed to possess some power for good, therefore, but of a somewhat transient order, and really inferior to that possessed by other drugs with whose use we are familiar. I tried it no further under such conditions, but tested it next in a disease less serious in its character, that is, in acute catarrhal inflammation of the middle ear.

CASE IX. A boy fifteen years of age. Formerly subject to frequent and long-lasting attacks of suppuration, preceded by great fever, pain and debility. It was during one of these attacks that he first consulted me. Since then, by the timely use of belladonna, both locally and internally, I have always succeeded in preventing suppuration, the

attack remaining simply catarrhal. Twice I attempted this same result with verbasum instilled into the ear the usual way. Once I succeeded, but tardily. The second time I was doing no better than the first, and abandoned the remedy in favor of belladonna, which promptly did its accustomed work.

CASE X. A girl ten years of age, not strong and subject to catarrh. Earache began with sensation of beating or throbbing. At a quarter-past five, tincture instilled warm. Pain grew worse and became very severe. At a quarter before eight a second instillation, as hot as could be borne. By eight all pain and throbbing had ceased and did not return. The heat was evidently a factor, in this case, perhaps, the most important factor.

CASE XI. Another girl of ten years of age. Subject to catarrh, and occasionally to earache, which then lasts, off and on, for about a week. Pain began toward night and became quite severe. One instillation of verbasum relieved and child was asleep in half an hour. Next morning was free from pain, but toward night it again came on severely. Three applications within an hour afforded complete relief and no pain afterwards returned.

These cases led me to think that in this disease verbasum exerts a certain degree of power which is sufficient for the milder forms, but barely so for the more severe. A still simpler form of aural disease to deal with, in most cases, is the simple otalgia of neuralgic character, which is often dependent upon carious teeth or upon exposure to draughts or to cold. Two cases of this sort (details omitted) responded very promptly to the verbasum, or the heat, or to both combined.

So far as my investigations with this remedy proceeded upon the same lines as those indicated by its empirical successes as found reported, the administration being by instillation in all cases. I made but one experiment further in that direction, and that was to determine its effect upon inspissated cerumen, by which I, of course, mean the effect of that proportion of alcohol and water, for the verbasum itself could be expected to do nothing of any consequence in that way. The purpose was to see how that might bear upon some of the wonderful reports of its action in cases where no examination of the ear was ever made and inspissated cerumen might exist. A compact mass, removed dry from a patient's ear, was placed in a small phial and covered with the tincture. Within half an hour it had swollen until its bulk was increased about one-half; and in this condition it remained, without perceptible change, for three weeks, until shaken violently, when it disintegrated.

Leaving now its action when applied locally, I proceeded to test its

power when administered internally. For this purpose I prepared the third decimal attenuation, and with it medicated the usual disks which I dispensed in phials with instructions to take a disk on rising, at eleven A.M., at four P.M., and retiring ; four each day. Again I chose for first trial chronic catarrh of the middle ear, but cases more recent than those before selected.

CASES XIV. to XVIII. exhibit results in detail. On the whole, three of these cases did poorly enough, and the other two would have done fully as well, or better, on some of the older remedies. Here are two cases, however, in which the hearing had been totally lost on the left side, and the right is now following in the same course, there being in each case chronic dry catarrh of the tympanum, and some evidence of the implication of the labyrinth. Some other points of considerable interest will be found in the first of these two cases, which I will report somewhat fully.

CASE XIX. Miss —, age forty-nine. May 13, H. D. R. watch=27 in.=30 in. pol. Headache almost every afternoon ; worse about three o'clock and improving as evening advances. A general headache, but worse in the frontal region and around the right temple. At these times marked determination of blood to the head. Also sharp, flying pains about the zygoma and bones of the face, with sensitiveness to pressure on the right side, and sharp shooting pains through the ball of the right eye. An annoying tinnitus, singing and humming in character, also accompanies the above symptoms and shares in their aggravation. (This condition had lasted for over two months and had resisted bell. from the twentieth centesimal down to the third decimal attenuation, and also was only slightly improved by kalmia.) Given verbas. 3x, disks, four daily.

May 18, H. D. R.=31 in.=28 in. pol. Reports less of the afternoon headache than for two months past, being entirely free from it one day. Less tinnitus and the sharp pains in the eye are greatly relieved. Less pain and sensitiveness in bones of face. Continue verbasum.

May 23, H. D. R.=34 in.=41 in. cath. No headache nor pain in eye, nor sensitiveness in face. Very occasional tinnitus. Continue same.

June 3, H. D. R.=32 in.=35 in. cath. No headache nor other of the above symptoms. Tinnitus only on lying down. Tip of nose sore and burning. Sulp. 6x, a powder each night for a week.

June 14, H. D. R.=25 in.=28 in. pol. More tinnitus and a tendency for the headache and pain in the eye to return. Gave verbasum again.

June 23, H. D. R.=31 in. Above symptoms have again almost wholly disappeared. Continue verbasum.



This case evidently falls within the proper sphere of our remedy, as indicated by its proving; and hence internally, and in attenuation, it is capable of a power for good which one would hardly suspect in its empirical use.

CASE XX. omitted. In acute suppurative inflammation I have made but one attempt with the remedy internally.

CASE XXI. Treatment entirely unsuccessful. One case of acute catarrhal inflammation was also treated by the remedy administered internally; while, conjointly with this, the instillation into the ear was made as in the former cases, this being designed to try the fullest possible effect of the remedy. The case was a recent one, very painful, and threatening to end in suppuration, which had twice previously occurred before the patient came into my hands. I will report it somewhat in detail, as it exhibits what I consider to be, probably, the typical action of *verbasum* in such cases.

CASE XXII. Miss.—. Age 22. May 25. Right ear became painful about forty-eight hours ago, with severe buzzing tinnitus as though a fly were in the ear. This condition has continued and grown worse; sleep has been much broken during the last two nights in consequence and she is positive that the ear is going through the same course of suppuration as previously, she never having had any pain in the ear without the subsequent discharge. The head aches severely and she feels generally sick and miserable. H. D. R. watch=1 in., left=60 in. *Verbasum*, externally and internally.

May 27. Experienced almost immediate relief from the use of the remedy as directed and this continued throughout the day yesterday and until she retired. After a short sleep awoke with violent pain, extending to the head and temples and could scarcely sleep during the rest of the night. To-day has used the remedy more frequently, but experienced no further relief. *Verbas.* continued. Bell. given externally 1: 10, and internally in the second decimal attenuation, gave prompt and permanent relief in this case.

Finally I will report one more case in which the remedy was used internally alone, and in which it worked admirable well.

CASE XXXIII. Mrs ——. Age 38. For several months this patient had complained of a feeling of fullness and pressure in the ears with very few other symptoms. No especial direction of pressure was discriminated. The hearing was acute upon both sides, the tympanic membranes normal in appearance and only very slightly depressed in position, if at all. There was no tinnitus or pain of any sort and no dizziness. The throat was catarrhal, but the Eustachean tubes were not obstructed. Here was just such a case as I desired to test this

remedy upon, for it lay directly in the path of its proved effects. The third decimal attenuation, one disk, four times a day, removed these feelings of discomfort in less than a week.

Here ends my clinical study of *verbasum*, for the present at least, and as the result of it all I should say that while the wonderful effects ascribed in its local use have not been seen by me in a single instance, and while in some kinds of cases it has failed utterly in my hands, the remedy has yet a certain limited sphere of usefulness in aural disease. It is a suitable remedy to place in the hands of anxious mothers who will persist in pouring something into their children's ears when they ache. It is not harmful, as many such articles are, and seems capable of affording marked relief in cases of simple neuralgic otalgia and in slight attacks of catarrhal inflammation. In more severe attacks, and in threatening suppuration it must be followed by more efficient remedies, and the sooner the better. In all such conditions in which I have tried it, moreover, I think we have older and well-known remedies which do the same work more surely and promptly. In order to find its distinctive field of usefulness, which is certainly a narrow one, I think we must look to its effects as developed by proving, and not to reported empirical results. Within this distinctive field I believe its curative effects can be better obtained by internal administration, in attenuation, than by local exhibition of its tincture. And finally, it seems reasonable to me that the same results may be expected from the tincture prepared in the usual way, from the entire green plant at the commencement of flowering, or at least from a tincture of the flowers made in the usual way, as may be expected from this unusual way of preparation, this "mullein oil." After all, my work has been mainly one of expurgation, determining only a very limited use for a remedy of which, from reported cures, might much be expected.

Kansas City, Mo.

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## A CASE OF DELIRIUM TREMENS. CURES BY *CANNABIS INDICA*.

BY DR. ROCHET.

Translated by B. F. Underwood, M. D.

IN the June number of the bulletin of the Homœopathic Medical Society of France, Dr. Rochet reported a case of delirium tremens, which, after the failure of *belladonna* 3, *thebaicum* 3, *stannum* 3, and of the hypodermic injections of the acetate of morphia, was quickly cured by *cannabis indica* 3.

## BROMINE IN THE TREATMENT OF DIPHTHERIA.

BY DR. JOUSSET.

Translated from the *Revue Homœopathique Belge*, by B. F. Underwood, M. D.

AT the session of the Homœopathic Medical Society of France, held March 15, 1886, Dr. Jousset, speaking of the treatment of diphtheria by the remedies usually employed, cyanide of mercury, bromine, hepatic sulphur and spongia, said with reference to bromine that it is preferable not to use that remedy on account of the difficulty of its preparation. If it is dissolved in water it is but a short time before it has disappeared from the solution by evaporation, leaving only an inert preparation. If alcohol be used as a solvent, it is not correct to speak of bromine as it has become hydrobromic ether. It is necessary to prepare bromide solution in water at the moment it is to be used. Dr. Jousset proposes to replace the bromine in practice by spongia tosta, a medicine more reliable and permanent, which has long been used and which contains iodine, bromine, and chlorine. He cited a number of cases of diphtheria where the membrane had invaded the larynx, in which the cyanide of mercury had failed, but where the spongia effected a perfect cure.

## BREVITIES.

W. IRVING THAYER, D. D. S., M. D.

IT may not be generally known that thirty-two states and one territory, that of Dakota, have placed on their statute books a law that requires all who are to engage in the practice of dentistry must be either graduates of some approved dental college, or medical school, or licentiate. All must register, either in a probate court, or on the books of the Board of Examiners, Registrar of Deeds, Clerk of the Circuit Court, County Clerk, or Recorder.

New York requires a certificate from the State Dental Society, or graduation from some dental or medical college. Dentistry as practiced by men of liberal education and thorough preparation, has arisen from a mere mechanical trade into a highly educated profession. If there is a man who practices any thing that is special in medicine that should be well educated in anatomy, physiology, histology, therapeutics, materia medica, hygiene and ingenious finger-craft it is that man who of all others is first called to treat the first organs that go to assist the first acts of digestion. We as a people are demanding something better

in the line of dentistry than simply extracting the teeth by steam or water power. We shall soon begin to think that He who made our teeth, made them for some wise purpose, and shall begin to apprehend that it is well to save them.

Apropos. Of how much value could the services of any man be in treating the varied and complicated conditions that arise in pathological conditions of the eye or ear, who has had no general medical training? He who has had this full preparation, then has received well marked special instructions, and has had added to all this, an ingenious-intuitive-perception, he is the man whom an intelligent public is going to permit to receive such sacred trusts. If the premises taken above have underneath them any solid ground of argument, the pleadings for thorough education apply with as great a force to him who "looks down in the mouth" as it does to him who is about to trephine the cranium, or change a right shoulder presentation to a normal one.

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Speaking of right shoulder presentations, it has been the unhappy lot of the writer to meet two cases in his early practice. In neither case could turning be effected and both patients died. Severe and tremendous contractions were brought on by the previous attending physician, in one case by the use of spurred rye or, as commonly called, ergot. Then the secondary symptoms of ergot began to show themselves, that is, atony of the womb. This is a frequent result of the administration of ergot to hasten parturition. It will be found that gelsemium third dilution in water, two teaspoonsful at a dose, every two hours at first, then hour and half hour, even unto fifteen minute interims, as the case advances, will hasten normal contractions, getting all that nature can do, and never producing atony, or what is next to it, ineffectual contractions. Gelsemium opens and dilates the os uteri in a remarkable manner. Then after that, it stimulates normal contractions.

There are many cases where patients pass along to a certain period when they seem to have contracted a tendency to abort. Indeed, many a poor, over-worked pregnant woman has been obliged to take to her bed and pass through the dangerous ordeal of giving birth to a partly formed fœtus. Rest and a recumbent position will not always arrest this threatened condition. *Caulophyllum thalictroides*, from the tincture to the sixth dilution—the third is preferable—will speedily allay the cramps or spasms and reflex nervo-uterine irritation and arrest the tendency to abort. He who has never used *caulophyllum* as an ante-parturient is not aware of its great value. For those patients who seem to suffer from reflex irritation, and find the last few weeks of gestation

particularly burdensome to bear and are apt to commence labor too early, really before full term—and, hence must have a tedious labor—will find in this latter remedy an agent that will quiet this early irritation and enable her to go to full term with reasonable comfort.

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The writer holds—and he thinks it sound wisdom—that all labor ought not to occur till the utmost limit of time has passed. This is his reason. The uterus being an expansive muscular organ, is, by the process of gestation, stretched. Weight, besides a physiological foreign body, does this. Now then, it is certain that this stretching proceeds much faster than does the increase of the parenchymatous tissues of this organ. This being so, it is evident that the muscular tissue of the womb has not attained unto perfection and required normal strength, to commence contractions, so that, the labor of the muscular walls of the womb is feeble, hence a long and tedious labor. The muscular walls of the womb must have time to gain all the tissue necessary to perform their function of expulsion normally. In a large number of cases it will be found of great value to exhibit caulophyllum from two to four weeks before full term. This remedy will allay any undue irritation, and when labor does commence, it does so with sufficient energy to not only expel the fœtus, but bring the placenta down into the superior straits, thereby saving of time and adding to the fame of the accoucheur.

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Any person who is under the effect of whisky or rum, if no more than in a slight degree, who inhales nitrous oxide or ether will be found to be exceedingly quarrelsome. We have tried the experiment on several patients, but have yet to find the first exception to this rule. Unless the administrator of an anæsthetic desires a lively time with such patients, it is well to allow all effects of alcohol to work off quite thoroughly before commencing the anæsthetic.

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Theories may be good in absence of facts. How does nitrous oxide produce anæsthesia? The air we breathe is composed of oxygen and nitrogen. So is nitrous oxide. The one when inhaled produces insensibility to pain. The atmosphere will not. Why?

Nitrogen will not support combustion. Combustion is a certain form of active life. Oxygen will so contribute—something—as to show certain functions of life. The composition of the air is four-fifths of nitrogen and one-fifth of oxygen. Nitrous oxide is constructed of a very



strong combination of N.O. That is, equivalent proportions of nitrogen and oxygen. A point to be noted in the latter gas is, that the chemical union of N.O. is such that said combination is indivisible in the lungs.

Life is supported by the air we breathe. Just why life is supported, is because the blood corpuscles, bathing the delicate lung tissues, receives from the air breathed into the lungs, a normal supply of oxygen and venous blood is changed into arterial.

Stop this supply of oxygen to the corpuscles and you produce anæsthesia or death. It don't make any difference how you stop this supply the results are the same every time, anæsthesia.

What's anæsthesia, but death? It is simply a suspension of function. When all function is suspended, is it not the full article, death?

Now the chemical composition of nitrous oxide is a union of equal parts of nitrogen and oxygen in so firm a marriage that when in the lungs, the oxygen cannot leave the nitrogen, so that, the blood corpuscles arrive and depart, venous still.

Venous blood carried to the nervous mass of the brain, suspends so much of its functions, to wit: sensation and consciousness, as to produce a step toward the suspension of all function which would be in very fact death.

Nitrous oxide, then, unlike all other anæsthetics produces insensibility to pain because it prevents a certain physiological function from being performed, as above noted, and that in turn suspends other functions so long as the blood corpuscles are not supplied with oxygen.

Commence to supply oxygen to the blood corpuscles from the air, which is—unlike nitrous oxide—such a combination of oxygen and nitrogen that the former gas is simply held in the feeble matrix—so to speak—and you are beginning to return the venous blood to a normal condition again, and as a result, you commence to have natural function. It is difficult to continue the anæsthetic state much beyond from twenty to forty seconds. Hence nitrous oxide is suitable for only very short surgical operations, like extracting teeth.

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This may seem some what heterodox; yet, it is erroneous and true at one and the same time. It is this, that gold is one of the poorest materials with which to fill teeth. To arrest dental caries.

Here are the exact facts. Gold is used in filling teeth in two different conditions. Soft, that is unannealed, and annealed. Annealed gold, is gold that is passed through a flame to dry it and give it the property of cohesiveness, that is so that one piece of gold can be welded to another, making a solid mass.

Gold filling previous to 1857 used to be inserted into teeth in its soft condition. That was the rule then, now it is the exception. Soft gold is wedged into a cavity having strong walls and is held there by having the periphery smaller than the inside of the cavity. The different pieces of gold simply lay in juxtaposition with each other, there is no union of these atoms. Many dentists of later date cannot insert a first class piece of work with soft gold. They have not had the necessary experience. Where this can be done and well done, it is very servicable, because, it is more likely to be free from pits—holes.

Pits and holes in cohesive gold fillings are so frequent, that holes are the rule.

Now, since gold is so very difficult a material to impact into a carious tooth, and because it is so imperfectly condensed, is the reason why it is the poorest material to put into a decayed tooth.

But, reverse the inefficiency of the operator and cause the gold to be most thoroughly impacted, by perfect welding, free from pits and holes, one solid mass, and gold, under such conditions, is incomparably the best foreign substance to arrest further delay in a carious tooth.

It requires long experience and wise finger ability to unite one piece of gold to another so as to obtain solid results.

There are more leak fillings where gold is used than with any other material. Annealed gold is more likely to pull away from the walls of a cavity than any other filling, yet the writer wishes to be understood as recommending gold beyond any other material for filling teeth where it can be used—and that is in almost every case—as vastly superior to every known substance, if, and provided, that the dentist is a thorough, careful and first class operator.

There is no good substitute for gold for servicable contour work, that is, restoring the contour or shape of the tooth.

It is wrong to destroy a pulp and nerve in a tooth. It is proposed at some convenient season to give the reason why !

Gold differs from all other metals, in that it can be welded cold.

89 South Portland Avenue, Brooklyn, N.Y.

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#### BOOK REVIEWS.

A CLINICAL MATERIA MEDICA. Being a Course of Lectures Delivered at the Hahnemann Medical College of Philadelphia, by the late E. A. FARRINGTON, M. D. Reported phonographically and edited with the assistance of the lecturer's manuscript, by CLARENCE BARTLETT, M. D., and revised by S. LIENTHAL, M. D., with a memorial sketch of the author, by AUG. KORNDORFER, M. D. Philadelphia : Sherman & Co., Publishers, 1887. Cloth \$6.00, half moroco, \$7.00.

In spite of the many works upon materia medica, which make up

large a part of homœopathic literature, this volume of Professor Farrington's will receive a cordial welcome from the profession; not only on account of the warm regard entertained for the author as a teacher and a physician, but also from the intrinsic value of the work itself. Those who have heard these lectures delivered will remember the charm the author could throw over his subject, how the dry facts of the *materia medica* were clothed with interest in his recital of them, and how attractive the lectures became to the students. Professor Farrington was an almost ideal teacher, following in his course the natural method of grouping, and classifying the medicines in accordance with their relation in the natural world. Animal, vegetable, mineral and the nosodes were the great divisions, in which they naturally fell into smaller groups which showed a similarity of action, and which caused them to stand together in the mind and memory of the student, while their differences were vividly portrayed and contrasted; these comparisons run through all the remedies, and are so clearly brought out that once heard or read they stand out forever in the memory. Occupying a unique field of its own, this work stands between the true *materia medica*, like Jahr's or Hering's and the clinical therapeutics of Lilienthal or Hoyne, and fills a gap in the literature of our school. It is a book to read and not to study, a book for every-day use, and fortunately written with such grace of diction that study is not a task, but becomes as near a royal road to knowledge as we may ever hope to travel. It is par excellence the book to put in the hands of a student or of the old school practitioner who desires to study homœopathy, and for such a purpose will take rank with the works of Hughes, which are responsible for more converts won from old school ranks than any other half-a-dozen homœopathic publications. In addition to the lectures, which have been given just as they were delivered, excepting where a change was suggested by the manuscript or the published writings of the author, there have also been incorporated numerous abstracts from the comparisons in the "*Studies in Materia Medica*," published in the *Hahnemannian* monthly in the years 1880, 1881, and 1882. We do not need to commend it to the reader, for our words of praise would seem faint in comparison to its merits. It should find a place in the library of every homœopathic physician.

**INSANITY; ITS CLASSIFICATION, DIAGNOSIS AND TREATMENT.** A manual for students and practitioners of medicine. By E. C. SPITZKA, M. D. 423 pages, cloth, \$2.75. E. B. Treat, 771 Broadway, N. Y.

The first edition of this work was so well received by those for whom it was written, physicians engaged in general practice, that the author has prepared a second edition which has been largely rewritten and reconstructed. It is a presentation of insanity in its medical, as distinguished from its legal aspect, for as the author says in his preface—"Any attempt to reconcile the medical with the legal view of mental disorder, with its varying and inherently inconsistent definitions, is doomed to fail. As the author has always held the province of the physician in medico-legal cases to be that of an adviser and not of an

advocate, so he believes that a treatise on mental diseases ceases to be a medical work as soon as it enters the domain of jurisprudence in its present attitude."

While he has therefore avoided the inconsistent definitions of the law, he has endeavored to systematize the disorder existing, and to bring about a more accurate classification from a medical point of view. Monomania, although repudiated by many authorities, is still retained, and "moral imbecility" is no longer regarded as a possibility, but accepted as a stubborn fact. At the outset the author gives a definition of insanity, an extremely difficult problem to grapple with, a definition which he acknowledges possesses the disadvantage of extreme length, but which he claims answers the requirements of a practical definition. The work is divided into three parts: 1, The general characters and classification of insanity; 2, The special forms of insanity; 3, Insanity in its practical relations. In the second portion the author is more interesting and felicitous than in the first, although throughout the entire book the treatment of the subject is clear, concise and thorough, while still conservative in tone. He is always forcible, and generally accurate. Regarding the etiology of insanity he differs in some instances from long accepted classical theories, and considers as coincidences, rather than as causes, certain observations which have always been regarded as facts. The book is neatly gotten up, as one of the series of medical classics, and deserves a large sale.

THE HOMŒOPATHIC PHYSICIAN'S VISITING LIST AND POCKET REPERTORY. By ROBERT FAULKNER, M. D. Second Edition. Boericke & Tafel, New York and Philadelphia. Price, \$2.

In addition to the necessary pages for recording the visits made and the medicines given, this convenient list also contains a very complete repertory, to serve as a reminder of the appropriate remedy at the bedside of the patient. It has also an obstetric calander, a list of poisons and their antidotes, the ready method in asphyxia, table of the pulse, blanks for obstetric and vaccination records, and in fact all that a well-arranged visiting list should contain. It is handsomely and durably bound, and being perpetual may be commenced at any time. Being from the well-known house of Boericke & Tafel its excellence is guaranteed.

TRANSACTIONS OF THE FORTIETH SESSION OF THE AMERICAN INSTITUTION OF HOMŒOPATHY, Forty-fourth anniversary. Held at Saratoga Springs, N. Y., June 27, 28, 29, 30, and July 1, 1887. Edited by the General Secretary, J. C. BURGHER, M. D., Pittsburg: Printed by Stevenson & Foster. 1887.

This handsome volume affords convincing evidence of the substantial growth and prosperity of homœopathy. In 1825 homœopathy made its first convert in America, and Dr. Gram stood as its only representative; to day ten thousand physicians are openly practising in accordance with the homœopathic law, and probably there are as many more who are homœopathists in all but name; and more gratifying still, as an evidence of its progress, is the respect which it has extorted from the

dominant school. In addition to a full report of the proceedings of each day, the volume contains very many valuable papers from the prominent physicians of our school, with the discussions called forth in the various bureaus, and presents a fair resume of the homœopathic practice of to-day. To the general secretary, Dr. Burgher, there is due a meed of praise for the careful and complete manner in which he has performed his task, a labor which only those who have been engaged in a similar duty can fully appreciate.

THE PHYSICIANS' PERFECT CALL-BOOK AND RECORD. BY DR. G. ARCHIE STOCKWELL, F. Z. S. 32 patients per page. Published by George S. Davis, Detroit, Michigan. Price \$1.50.

This is a handsome and convenient combination of a visiting-list and day-book, and contains all that the most exacting physician can require. It contains in addition to the properly ruled pages for the record of visits made, obstetric and death records, pages for Borrowed and Loaned, including monetary transactions; Bills and Accounts Rendered; General Memoranda of Wants; Special Memoranda; Vaccination Record; and General and Monthly Summary of Business and expenses. The inside of one cover with its fly-leaf contains Poisons, Antidotes and methods in Asphyxia, etc., upon the opposite cover is found Metric Table and Metric Information, Ely's Instantaneous Obstetric Calendar (in colors), and Differential Diagnosis of Eruptive Fevers.

The newly revised and corrected Posological Table is complete and embraces the very latest additions to *Materia Medica*, including eclectic and unofficial remedies, newer alkaloids, etc. Table of Food Digestion alphabetically arranged. Therapeutical Axioms and Facts regarding children arranged with a view to instantaneous consultation. Under Thermometry are embodied several facts of importance little known or understood, including indications, and sources of error in readings. It is also perpetual and adapted to any year, commencing at any time.

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#### ABSTRACTS.

*CARLSBAD Mineral Waters Imported and Sprudel Salz.*—A. L. A. Toboldt, M. D. at the International Medical Congress spoke of the famous fountain of health at Carlsbad, Bohemia, which has been the refuge of invalids for five centuries and is well worthy of careful study. Although the subject is old, my experience with this remedial agent has been such that I may truly say that no remedy has given me so much pleasure and profit as this particular one.

My opinion as to mineral waters generally, and Carlsbad in particular, which is probably shared by the majority of the profession, has been that much if not all the therapeutic action may be traced to change of scene, to the strict diet enforced, to outdoor exercise, and the large quantities of water drank. Starting with this opinion, I undertook a series of experiments with Carlsbad waters, such as is exported by the authorities of the City of Carlsbad. Selecting a number of chronic



hypochondriacs whose afflictions had baffled my previous efforts, I was astonished to note that, although no rigid diet was prescribed, and only a limited amount of exercise was indulged in, the complexion even after a week's use began to clear up, the step became more firm and elastic and, the entire host of hypochondriacal complaints seemed to vanish like mist. I then set about investigating the subject—arguing that it could not be the water alone that produced these effects. The diet and exercise having been left out of consideration, I proceeded to use the Crystallized Sprudel Salz, which, being obtained by evaporating the waters, I thought must surely be the remedial agent. But dissolving it in ordinary water or in carbonic acid water, I failed to get so prompt an action, and in the majority of cases to get that peculiar therapeutic effect which I had obtained from the exported mineral waters. Looking up the subject I found that at Carlsbad the salt was only used as an addition to the mineral waters, to act as a purgative, when the waters failed in that respect. The analysis of the salt did not tally with that of the mineral waters, so for a time at least I fell back on the use of the export Carlsbad waters, until my attention was called to experiments made by Dr. Jaworski, of Krakaw, with Sprudel Salz Powder. I then determined to give this a trial, still convinced that it was not the water, but its contained salts that produced the therapeutic effect. The chemical analysis of the Sprudel Salz Powder certainly more nearly corresponded to that of the mineral waters, and upon trial I found I could obtain the same effect, in some cases it even acted better than the mineral waters, it being possible to dissolve a proper dose in one glassful of water, so avoiding the distention caused in some patients by drinking four or six glasses of mineral waters. The first case upon which I tried it was a woman who five years before had weighed but 75 pounds but had in that time increased in weight to 190 pounds. She was laboring under all the symptoms that would naturally be expected from such an increase in weight. I used the Sprudel Salz Powder and in eight days she lost 16 pounds, an average of 2 pounds per day, in consequence, losing the symptoms she had so much complained of. The woman had in the meantime been indulging in her customary diet, even to drinking several glasses of beer daily, and had been debarred from taking any extra exercise. This then verified my theory that if there was any therapeutic action in Carlsbad mineral waters it ought to have the same effect without the usual adjuncts of a Carlsbad cure, namely, diet and exercise. In the very next case, a mild one of diabetes mellitus, the sugar disappeared entirely after its use, the patient only abstaining from fresh fruits, and that because it caused too great a looseness of his passages.

The waters, which issue from 15 different springs at Carlsbad, have all the same chemical composition, differing only in the amount of free  $\text{CO}_2$  which they contain, this depending upon the temperature at which the water reaches the surface, there being a difference of  $40^\circ$  Reaumur between the different springs. The hotter the water the less carbonic acid it holds in solution, and vice versa. Upon analysis they are found to belong to the alkaline mineral waters, and were for many years only used externally, but at present a cure at Carlsbad chiefly consists in their internal use.

The effect of the waters and of the Sprudel Salz Powder dissolved in

carbonic acid water or ordinary water, being so near alike, may be treated of together.

Locally upon the stomach and bowels they produce a stimulating, alterative effect, and they also act as a sedative to the gastric nerves. They neutralize the acids of the stomach, its normal acidity, according to researches of Dr. W. Jaworski, returning sooner after the use of the mineral waters than after the use of the Sprudel Salz Powder in solution. After several doses have been taken they act as a mild purgative, partly by increasing the peristaltic movements, diluting the contents of the bowels, dissolving toughened mucus, bile and hardened fecal masses, and partly also by increasing the intestinal secretions; hence at times such copious discharges. After continued use the stools become much darker, almost black and tarry. But occasionally for a time at least, especially when taken hot, they produce constipation. During the continuance of the treatment there is an increased development of gases in the gastro-intestinal canal, which cause frequent odorless and tasteless eructations and the passing of flatus, having the odor of sulphuretted hydrogen. These gases are the cause of the distentions so often complained of, giving rise to a feeling of oppression in the region of the stomach, and sometimes even cause slight gripings. In fact, according to Dr. Hlawacek, of Carlsbad, nearly all the symptoms complained of during a cure may be traced, either directly or indirectly, to this cause.

The appetite is at first increased, but later on it is generally diminished, especially for the midday meal. Occasionally a bitter, pasty taste, with loss of appetite, is noticed. Thirst is usually increased.

The urine is generally increased in quantity, and, after a varying length of time, is rendered neutral or alkaline. The urea and uric acid are, according to the researches of Dr. Seegen, much diminished, whereas the phosphates are generally increased in quantity. So-called brick-dust sediments in the urine, when present, disappear after several days' use.

The secretions of the skin are also increased, and sometimes altered in character. The skin frequently exfoliates, causing the complexion to become much clearer, an effect very noticeable in patients having freckles. Dr. Hlawacek asserts that he has occasionally noticed an increased flow of saliva. There frequently is, also, an increase in the mucous secretions of the air passages. Aching and drawing pains are felt from time to time in the extremities, most of the joints, and in old scars, and a feeling of languor is frequently complained of. When taken hot, in addition to these symptoms, the head feels confused, there is an incapacity to concentrate the thoughts on any one thing, giddiness, staggering, and other symptoms of rush of blood to the head are noticed—symptoms seldom, if ever, met with when the waters are drunk cold. This is followed, however, in a few days by an increased tonicity of the entire muscular system; the patient becomes brighter, previous dullness gives place to a clearness of intellect, of thought, feeling and fancy much exceeding that existing previous to the beginning of the treatment.

In females the catamenial flow is apt to be delayed and also diminished in quantity.

Most patients lose flesh, especially those who are very corpulent, whereas thin and delicate patients who take much nourishment are apt to increase in weight.

Other effects noticed are the disappearance of old inflammatory deposits, especially in the fibrous tissues. Old rheumatic or gouty nodules I have known to disappear entirely; also inflammatory thickenings around the uterus and its appendages. Upon the system generally a marked increase of tissue metamorphosis is noticed.

It may be used wherever an alkaline mineral water is indicated, especially where there is lack of tone in the gastro intestinal tract, as in dyspepsia, deficient or perverted biliary secretions, jaundice, chronic constipation, etc.; where accumulations of fat, especially in the liver, other organs, or under the skin, are to be disposed of; where there is that peculiar dyscrasia known as the uric acid diathesis, as in gout, rheumatism, gravel, etc., and where inflammatory deposits, especially in the fibrous tissues, are to be removed, and in that peculiar and so little understood disease, diabetes mellitus.

Carlsbad may be said to be contra-indicated in all wasting diseases, especially those of the lungs, and those involving a great amount of suppuration, and in all acute febrile diseases, especially inflammatory and infectious diseases, aneurism, atheroma of the larger vessels, etc.

The dose of the imported mineral waters may be set down as 2—4 glasses of about 6 oz. each, drank slowly in the morning an hour before breakfast, another glass during the morning or afternoon, and one or two before retiring at night. The dose of the Sprudel Salz Powder is about  $\frac{1}{2}$  teaspoonful dissolved in a glassful of water or carbonic acid water, taken three times a day, either one hour before or two hours after meals. That of the crystallized Sprudel Salz is from one to two teaspoonfuls dissolved in a glassful of water as a purgative. When taken hot the effect on the bowels is less marked; in fact constipation is very often produced. It is generally recommended to continue the treatment for at least five or six weeks. The water tastes very pleasant, also the solution of Sprudel Salz Powder. The crystallized Sprudel Salz is not so pleasant. Any diet otherwise not contra-indicated by the disease may be indulged in during the continuance of the treatment.

The effect of exercise, although not essential, is a factor which I think ought not to be lost sight of, especially where the disease is caused by sedentary habits. Exercise hastens the passage of waters from the stomach into the intestinal canal. The normal acidity of the stomach returns sooner after the ingestion of the mineral waters than after solutions of Sprudel Salz Powder; hence diseases of the stomach are generally best treated by the mineral waters, whereas the Sprudel Salz Powder is to be preferred in diseases of the other viscera, such as intestinal canal, spleen, kidneys, in adiposis, diabetes, etc., although this rule does not hold good in every case.

Both crystallized and Sprudel Salz Powder, are obtained by evaporating the Carlsbad Mineral Waters; but the powder is, while still moist, exposed to the carbonic acid so abundantly given off by the springs, and

in consequence differs from the crystallized in containing more carbonates and less sulphates. In fact it contains all of the soluble constituents of the waters, and hence more nearly represents the Carlsbad Mineral Waters themselves.

In addition to this the crystallized Sprudel Salz, being hygroscopic, frequently causes inconvenience on this account. The Sprudel Salz Powder, on the contrary, occurs in a fine granular powder, and is proof against all atmospheric changes.

The Carlsbad Mineral Waters, as exported, being the natural product, is, of course, to be preferred where the quantity of water is no objection, particularly in diseases of the stomach. Where, from any cause, two or three glasses of water (6 oz. each) cannot be taken, then the Sprudel Salz Powder answers the purpose equally well, and in diseases other than of the stomach it is even to be preferred. The Sprudel Salz in crystals may be used where a purgative action only is desired.

As to the matter of taking the Carlsbad Waters or Sprudel Salz solutions, hot or cold, most patients preferred taking them cold, and as there appears to be the advantage that taken cold there are no so-called head symptoms, I have invariably given cold the preference, only using them hot in cases of diarrhœa.

*WHEN Should the Ovaries be Removed?*—Dr. William Goodell. —I am very conservative in regard to this operation, and I do not perform it in one-fourth of the cases sent to me to have their ovaries removed. Further, I make it a rule to explain fully all the dangers of the operation. For instance: A few years ago, I received a telegram stating that two ladies had started from Colorado to see me, and that one of them required removal of the ovaries. The patient arrived, and I learned that it was a case of epilepsy, the attacks being more frequent at the menstrual periods, but also occurring at other times. She had been told by her physician that if the ovaries were removed, she would recover. She actually thought that the operation was a very simple one, and that it could be performed off-hand, and that she could return home in a few days. When I told her there was risk in the operation and that she would have to stay with me for four weeks, the complexion of things was altered, and that afternoon they started back for Colorado. Many patients seem to think that the operation is one of slight importance, and I think that physicians are, to a certain extent, to blame for this. In any operation in which there is danger to life, this should be stated before the operation is performed. There may be cases in which it would not be prudent that the patient should be informed of the full danger of the operation, but some member of the family should be. Again, the operation may be absolutely necessary, and yet the patient may not be in a mental condition to decide the question.

I often find it perplexing to decide when the ovaries should be removed and when they should not be. Fortunately, most of the cases sent to me are those of functional trouble and are relieved by the "rest treatment." In these cases there is this left ovarian pain and often prolapse of the left ovary or of both ovaries, yet they will recover under treatment. A very few need the removal of the ovaries. This opera-

tion does not unsex them, although it does prevent them becoming mothers. In suitable cases I employ the "rest treatment" with massage and electricity, and the majority of cases in which the patients are young girls, recover. Even in gonorrhœal cases, with organic lesions, you may get the patient comparatively well by these means. However, where there is positive and persistent organic disease, you will usually be forced to operate.

Some time ago I was requested to go to Kansas to remove the ovaries. I was so busy at the time that I could not leave. Arrangements were then made to bring the patient half-way and I was to meet her. I found a patient with excessive ovarian pain, with terrible dysmenorrhœa and reduced to skin and bone. She had been bedridden for two years and was unable to sleep or eat. I suggested to her physician who accompanied her, that it would be best in the first place to relieve the stenosis and cure the dysmenorrhœa. The left ovary was also lower than normal. There was, however, no history of pelvic peritonitis, or of organic disease of the ovary. The constant congestion was sufficient to account for the displacement of the ovary. The decision was that she was to be placed under my care, and she came to this city. I dilated the cervix and put her on the "rest treatment" with massage and electricity. At the next period, the dysmenorrhœa was excessive, for the uterus had not recovered from the bruises produced by the operation. The next period was better, and after this she continued to improve, and before long began to walk. Last week I received from her husband a most grateful letter. In these cases the symptoms point so distinctly to the ovaries as the seat of disease, that unless you are on your guard you will be deceived. Any woman subjected to great mental trouble, is liable to manifest symptoms referable to the ovaries. A young girl, for six months, nursed her father, who was suffering with cancer of the lip. After his death, she broke down and presented very exacting symptoms of uterine and ovarian trouble. She came to me to have a good diagnosis made by her physician reversed. He had told her that the whole trouble was due to nerve prostration, and I fully confirmed his opinion. Sometimes I err on the conservative side, yet all these cases are, in a measure, improved by the "rest treatment" and, if necessary, the operation can be performed subsequently.

If a patient is put at absolute rest, without exercise, harm will be produced after the first week or two. To compensate for this, exercise is given by massage. If a skilled rubber can not be obtained, any strong woman can improve the circulation by pinching, stroking, kneading and rubbing the skin and muscles, especially if she is given some instruction by the physician. At first the movement should be confined to stroking and to soothing movements, but after a time more energetic manipulations must be resorted to. Accompanying this, the use of electricity is serviceable. There is no question but that the action of electricity extends deeper than that of massage. It is probable, although not yet positively proven, that the strength of the nervous system may be toned up by the application of electricity. We do not yet know what nerve fluid is, but in its behavior it is more analogous to electricity than to any other agent with which we are acquainted.



In addition to this, it is well to give tonics. It is often difficult to determine when iron should be given. Sometimes the tongue continues to be furred and is only cleared by the use of iron in large doses. I usually begin with the tincture of iron with dilute phosphoric acid, and to this may be added strychnine in doses of from one-fortieth to one-twentieth of a grain. If this acts well, it may be followed by Bland's pills, the effect being carefully watched. In this way many cases will recover, wholly recover; and such a result makes me think that too many women have been unnecessarily operated upon.—*Coll. and Clin. Record.*

*POKE Root Accidental Poisoning*—Dr. A. Guthrie was called in haste to see a stout muscular colored man, thirty-nine years of age, who was said to have been suddenly attacked with "vomiting and cramps in his bowels." I obtained the following history from him: In the afternoon an old vender of domestic medicines was in the city, with, among other things, a large quantity of poke root, which he said was good, when put in whisky, to purify the blood. My patient asked him if it was not good to chew also, and upon receiving an affirmative answer placed a small piece—probably 3 j or 3 ij—in his mouth and began to chew it and swallow the juice. This was about 3.30 P.M. About an hour later, being thirsty, he drank a pint of cold water, and shortly afterwards nausea set in, soon followed by vomiting, at first of the contents of the stomach and then of a greenish-colored and very bitter fluid. He continued to vomit frequently till 7 P.M., when he began to have severe pain in his bowels, accompanied by free purgation and hæmatemesis.

When I first saw him, at 7.30 P.M., he complained of heaviness in the head and dizziness, was suffering severely from pain in the abdomen, and said he felt as though there was a hard lump in his stomach. He was considerably prostrated and sweating freely; pulse 90, soft and compressible.

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### ITEMS.

—There are over 700 medical journals in the world, and it is said that each one has the largest circulation.

—In cases of bad odor from fevers sponge the patient twice daily with equal parts of vinegar and water.

—For a mild and sure cathartic divide a Seidlitz powder into four parts and give one double part every fifteen minutes.

—Stenocarpin is derived from the leaves of a tree resembling the *Acacia stenocarpa* of Louisiana. It is an alkaloid.

—Dr. T. F. Rumbold, of St. Louis, attributes the obstinacy of nasal catarrhs in men to the use of tobacco and stimulants, and in women to insufficient clothing.

—A physician strongly commends the use of antipyrin an antifebrin in hay-fever. A daily dose of about fifteen grains is given. It can be continued for months without harm.

—Send a postal card to the New York Pharmacal Association, P. O. Box 1574, for their new Medical Almanac, which contains much valuable information of practitioners, and is sent free.

—Castoria, according to the *Deutsch. Apothek. Zeit.*, is a mixture of senna, pumpkin seed, anise, levant worm-seed, Rochelle salt, sodium bicarbonate, sugar, oil gaultheria, oil peppermint, and water.

—When vaginal pruritus is found in an elderly patient do not fail to examine the urine for sugar. Vain will be the use of remedies until the diet of the patient is regulated, and other treatment instituted.

—The only genuine Carlsbad Mineral Water is imported by Messrs. Eisner and Mendelson, New York. The water is highly commended by Dr. Th. Kafka, the leading homœopathic practitioner of Carlsbad.

—Dr. Lord says that a large number of urethral discharges in the male, although sexual in their origin, are not specific.—That idiosyncrasy plays an important part in the contraction of venereal diseases of all kinds.

—An exquisitely designed calendar, steel plate engraving by Messrs. J. A. Lowell & Co. has been issued by Doliber, Goodale & Co., Boston, and it is sent on receipt of 10 cents to those who will mention the HOMŒOPATHIST.

—Dr. N. Senn, the well-known surgeon, began practice as a country doctor in Wisconsin, but has managed to do as much experimental surgery as any one in the country. "It is not the opportunity, always, but the man.

—Twenty advertised cures for the opium habit have been examined by Dr. Davenport, State Analyst of Massachusetts. All but one contained opium; this one was called the "double chloride of gold," but contained no trace of gold.

—Among the long prodromal symptoms, frequent in cases of typhoid fever, Prof. Waugh says that one of the most distinctive of the coming fever is a sense of fatigue after eating, followed by swelling of the abdomen and cold sweats.

—In an article in the *Miss. Valley Med. Mo.* on Electrolysis in Organic Stricture and Gleet, Dr. G. W. Overhall says the cure is permanent and certain in every case properly managed, and that just as the tallow candle of our forefathers is obsolete, all other operations will have to go.

—Dr. Crothers at the meeting November 10, of Medico-Legal Society, New York, the subject being the medical jurisprudence of insanity, cited several instances that had come under his personal observation when he was confident that men insane from long-continued inebriety had been executed for murder.

—Dr. M. V. B. Morse, a homœopathic practitioner of Marblehead, Mass., has for some years been manufacturing a preparation of Hypophosphites containing lime, soda and potash, and in addition that most important nutrient tonic Hydrastic Cenadensis. We doubt not Dr. Morse's work on Phthisis, which is freely sent on application, would prove interesting to every physician who may not have seen it.

—In a case of chronic uterine inflammation, Dr. Clara Marshall especially recommend, the hot vaginal douche with a fountain syringe ; using at least two gallons of water, at the temperature of 110° F., and with an interrupted stream, if the patient could bear it.

—Dr. Neklewitsch, of Loske, in Poland, has lately died at the age of 109 years, having a quarter of an hour before his death seen and prescribed for a patient. Sixteen years ago he had a paralytic stroke affecting both his feet, so that he has since that time been obliged to confine his professional advice to the consulting room.

—Investigation has determined that there are changes produced in milk by freezing and care should be taken where the milk is intended for use in the sick room. In partly frozen milk the ice will be found to contain the greater part of the fat and the fluid portion most of the casein, milk sugar and salts. It should therefore be thoroughly thawed and shaken up.

—A gentleman, who hides his identity behind a simple "Q," has written a novel called "Dead Man's Rock," which Messrs. Cassell & Company, Limited, have nearly ready for publication, and which it takes no prophet to foretell will rouse the reading world to a pitch of excitement not even reached by the publication of "King Solomon's Mines."

—The best results to be obtained in that troublesome affection, functional insomnia, are said by Dr. B. Sachs to be gained by close attention to matters of general regimen, to the treatment of anæmia, and to the strengthening of the force of the heart's action by cold douches, by the regulation of exercise, and by the methodical performance of definite forms of active physical exercise, such as riding, rowing and mountain climbing.

—PRUNUS SPINOSA IN SHINGLES.—In *The Union Homœ.* is an article on this subject by Dr. Van den Berghe, giving the particulars of several cases of cure. The author has succeeded in removing the very troublesome neuralgic pain which often remains when the eruption of shingles has disappeared, by means of *Prunus Spinosa* 30, after many other remedies had been tried in vain. The medicine has in its pathogenesis many symptoms of a neuralgic character referred to the chest. *Hom. World.*

—A writer in the *British Medical Journal* says that sea-sickness or naupathia, ought to be regarded as the expression and resultant of certain purely functional or dynamic disorders of the organism, which can all be referred, directly or indirectly, to the sympathetic nervous system. Every symptom named above can be explained by invoking a paralysis, or at least a paresis, of this system, and sea-sickness can be cured by the use of those alkaloids which stimulate the great sympathetic and the the unstriped muscular fibers to which it is distributed. He treats the affection by the subcutaneous injection of one sixty-fifth of a grain each of atropia and strychnia, repeated in two hours if necessary.

—Dickens' complete works in uniform type and binding, 15 volumes, —price \$9, and the works of George Eliot, 8 volumes, \$6, have just issued from the press of A. L. Chatterton, & Co.

—The Chairman of the Bureau of Gynæcology, of the Amer. Institute of Homœopathy of 1888, has selected, as the general subject for discussion: "Uterine Therapeutics."

The following are the special subjects, with the names of those members to whom has been assigned the duty of preparing reports, and of discussing the same: "Changes in Form and Position of the Uterus": Dr. O. S. Runnells, Indianapolis; Dr. L. L. Danforth, New York; Dr. C. B. Kenyon, Rock Island; Dr. L. A. Phillips Boston. "Neoplasms of the Uterus": Dr. T. G. Comstock, St. Louis; Dr. R. Ludlam, Chicago; Dr. S. P. Hedges, Chicago; Dr. A. Claypool, Toledo. "Nutritive Disturbances." Dr. E. M. Hale, Chicago; Dr. Philip Porter, Detroit; Dr. B. F. Betts, Philadelphia; Dr. N. Schneider, Cleveland.

—The following works will be issued during December by the New York Publishers, Leonard & Co, 141 Broadway. "Diseases of Women," a work based upon the practical experience and teachings of the following eminent Gynæcologists: Drs. Thomas, Munde, Hunter, Lusk, McLane, Skene, Garrigues, Barker, Emmet, &c. 436 pages, Cloth, \$1.50. "Diseases of Infancy and Childhood" with over 400 Formulæ and Prescriptions, by Drs. Jacobi, Hammond, Flint, Loomis, Janeway, Bulkley, Agnew, &c. 300 pages, Cloth, \$1.00. "Diseases of Heart and Lungs," with over 350 Formulæ and Prescriptions, by Drs. Draper, Delafield, Leaming, J. Lewis Smith, Loomis, Clark, Janeway, &c., 204 pages, Cloth, \$1.25.

The *Archives* of Gynæcology, New York, has just closed another successful year, having furnished its readers with the resumé of no less than 584 articles. Subscription is \$3.00. Payment is not asked till the end of the year.

—THACKERAY'S VIEWS OF DEATH.—I don't pity any body who leaves the world, not even a fair young girl in her prime; I pity those remaining. On her journey, if it please God to send her, depend on it there's no cause for grief, that's but an earthly condition. Out of our stormy life, and brought nearer the Divine light and warmth, there must be a serene climate. Can't you fancy sailing into the calm? Would you care about going on the voyage, but for the dear souls left on the other shore? but we shan't be parted from them, no doubt, though they are from us. Add a little more intelligence to that which we possess, even as we are, and why shouldn't we be with our friends though ever so far off? . . . Why, presently, the body removed, shouldn't we personally be any where at will—properties of creation, like the electric something (spark is it?) that thrills all around the globe simultaneously? and if round the globe why not? *Unberall* and the body being removed or elsewhere disposed of and developed, sorrow and its opposite, crime and the reverse, ease and disease, desire and dislike, etc., go along with the body—a lucid intelligence remains, a perception ubiquitous.—Thackeray Letters in *Scribner's*.

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